DISTRIBUTION		
ANTA FE		
ILE		
.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
I. PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B. K.

Operator

KENAI OIL AND GAS INC.

Address

717 17th Street, Ste. 2000, Denver, Colorado 80202

Reason(s) for filing *(Check proper box)*

New Well [X]

Recompletion [ ]

Change in Ownership [ ]

Change in Transporter of:

Oil [ ]   Dry Gas [ ]

Casinghead Gas [ ]   Condensate [ ]

Other *(Please explain)*

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
JEFFERS FEDERAL-2	#23	Wildcat - Gallup	~~State,~~ Federal ~~Fee~~	NM-29560

Location

Unit Letter __K__ ; __1750__ Feet From The __South__ Line and __1650__ Feet From The __West__

Line of Section __2__ Township __23 North__ Range __8 West__ , NMPM, __San Juan__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Inland Corp.	P.O. Box 1528, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	2	23N	8W	No	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/14/80	10/17/80	6494'	5370'

Elevations *(DF, RKB, RT, GR, etc.,)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6985' GL; 6999' KB	Gallup	5743-5214'	5359.77'

Perforations	Depth Casing Shoe
6366-68; 6354-56; 6298-6302; 6290-92; 6274-78; 5336'; 5337-48'; 5349'.	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	560'	400 sxs
7-7/8"	4-1/2"	6480'	1st stage 350; 2nd stage 750; tail in 100 sxs.
	2-3/8"	5359.77	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)*

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
10/29/80	11/19/80	Pump	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	15		64/64

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	TSTM
	1	15		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method *(pitot, back pr.)*	Tubing Pressure **(shut-in)**	Casing Pressure **(shut-in)**	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

George B. Judd
(Signature)

Manager - Drilling and Production
(Title)

December 1, 1980
(Date)

OIL CONSERVATION COMMISSION
DEC 29 1980

APPROVED _____ , 19 ___

Original Signed by FRANK T. CHAVEZ

BY _____

SUPERVISOR DISTRICT 3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple