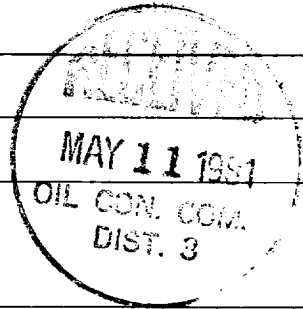


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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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.R.



Operator Kenai Oil and Gas Inc.	
Address 717 17th Street, Ste. 2000, Denver, CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal - 3	Well No. #23	Pool Name, Including Formation Nageezi/Gallup	Kind of Lease SX Federal XXX	Lease No. NM-18463
Location Unit Letter <u>K</u> ; <u>1760</u> Feet From The <u>South</u> Line and <u>1785</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>23 North</u> Range <u>8 West</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 K	Sec. 3	Twp. 23N	Rge. 8W	Is gas actually connected? No	When 6/1/81

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/16/80	Date Compl. Ready to Prod. 3/18/81		Total Depth 5400'		P.B.T.D. 5358'			
Elevations (DF, RKB, RT, GR, etc.) 6905'GL; 6918'KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4876'		Tubing Depth 5270.82'KB			
Perforations 5345-4876'					Depth Casing Shoe ---			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8"		560'KB		400 SXS			
7-7/8"	4 1/2"		5398'		200; 700; 50 SXS			
	2-3/8"		5270.83'KB		None			

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 3/5/81 (Well shut-in presently)	Date of Test 3/17/81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 1/2 hours <u>24 hrs</u>	Tubing Pressure 54	Casing Pressure 300	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 3 trace	Water-Bbls. trace	Gas-MCF 74

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.

Joseph R. Mayzle
(Signature)
Vice President - Exploration
(Title)
May 4, 1981
(Date)

OIL CONSERVATION COMMISSION

MAY 11 1981

APPROVED _____
BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 multiply completed wells.