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LAND OFFICE		
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.K.

Operator KENAI OIL AND GAS INC.	
Address 717 17th Street, Suite 2000, Denver, CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Name of Authorized Transporter of Casinghead gas
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry 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 9	Well No. #31	Pool Name, including Formation Nageezi-Gallup	Kind of Lease XXX Federal XXX	Lease No. NM-18463
Location				
Unit Letter B	850	Feet From The North	Line and 1700	Feet From The East
Line of Section 9	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 <input type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Nageezi-Gallup Gas System	717 17th St., Ste. 2000, Denver, CO 80202					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 9	Twp. 23N	Rge. 8W	Is gas actually connected? Yes	When 5/20/81

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 10/14/80	Date Compl. Ready to Prod. 12/3/80		Total Depth 5482'		P.B.T.D. 5460'			
Elevations (DF, RKB, RT, GR, etc.) 6976' GL; 6889'KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5447-4995'		Tubing Depth 5437.71'			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	561'	400 sxs
7-7/8"	4-1/2"	5481'	230 sxs; 1st Stage
			260 sxs; 2nd Stage
Tbg:	2-3/8"	5437.71'	

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 4/20/81	Date of Test 12/2/80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 6 hrs (swab)	Tubing Pressure 40	Casing Pressure 200	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 30	Water-Bbls. 4	Gas-MCF 63

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.

Frank T. Chavez
(Signature)
Vice President of Exploration
(Title)
May 22, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 26 1981, 19____
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.