

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

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

Form C-104  
Supersedes OIL C-101 and C-110  
Effective 1-1-85

Operator Konai 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 type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Subsurface <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Name of Authorized Transporter of Casinghead Gas.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal - 34	Well No. #43	Pool Name, including Formation Wildcat-Gallup	Kind of Lease <del>Federal</del> Federal <del>xxx</del>	Lease No. NM-20305
Location Unit Letter I ; 1760 Feet From The South Line and 940 Feet From The East Line of Section 34 Township 24 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)					
Previously submitted on April 10, 1981. INL						
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)					
Gas Co. of NM (Div. of Southern Union)	1800 1st International Bldg., Dallas, TX 75270					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 34	Twp. 24N	Rge. 8W	Is gas partially connected? Yes	When 9/23/81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Time Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CEMENT, AND CEMENTING REQUIRED								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWANCE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. T. - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Cavity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (in. L.G.A.)	Casing Pressure (choke-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.

Manager of Operations

September 29, 1981

OIL CONSERVATION COMMISSION

OCT 1 - 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 multiple