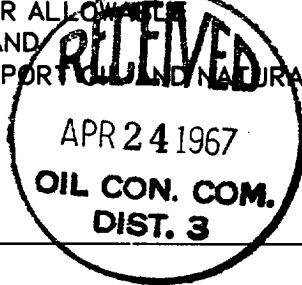


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TRANSPORTER	OIL 1 GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



APR 20 1967

I. Operator **Thomas H. Connelly**

Address **P.O. Box 1573, Durango, Colorado 81301**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo	Well No. 2	Pool Name, Including Formation Rattlesnake - Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. I - 89 - 56
Location Unit Letter D ; 330 Feet From The North Line and 330 Feet From The West Line of Section 1 Township 29 North Range 19 West , NMPM, McKinley <i>San Juan</i> 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"/> Rock Island Oil & Refining Co., Inc.	Address (Give address to which approved copy of this form is to be sent) 428 Hamilton Bldg., Wichita Falls, Texas
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 D Sec. 1 Twp. 29N Rge. 19W Is gas actually connected? No When TSTM - used for fuel

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-1-67	Date Compl. Ready to Prod. 4-1-67	Total Depth 831	P.B.T.D. ---					
Elevations (DF, RKB, RT, GR, etc.) 5366 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 804	Tubing Depth 805					
Perforations			Depth Casing Shoe 804					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12"	8 5/8"		21		10 sx			
5 1/2"	7 7/8"		804		25 sx			
	2 3/8"		805		--			

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 4-1-67	Date of Test 4-15-67	Producing Method (Flow, pump, gas lift, etc.) Pump 1 1/2" working 88L	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 45#	Choke Size 2"
Actual Prod. During Test 18 88LS	Oil - Bbls. 12 88LS	Water - Bbls. 6 88LS	Gas - MCF TSTM

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.

Virginia Coramini
(Signature)
Secretary
(Title)
4-18-67
(Date)

OIL CONSERVATION COMMISSION

APR 24 1967

APPROVED _____, 19____

BY *Original Signed by Henry C. Arnold*

TITLE **SUPERVISOR DIST. 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.

