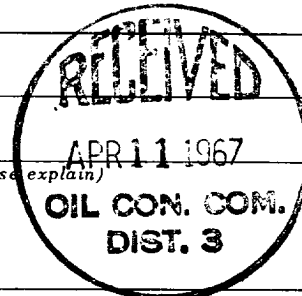


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TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PRORATION OFFICE		

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.T.



Operator Walter Duncan	
Address Box 137, Durango, Colorado 81301	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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		14-20-0603-10010	
Lease Name North Hogback 12	Well No. 1	Pool Name, Including Formation Dakota - undesignated	Kind of Lease Navajo Tribal
Location		Lease No.	
Unit Letter H ; 1650 Feet From The North Line and 330 Feet From The East			
Line of Section 12 Township 29 North Range 17 West , NMPM, San Juan 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 Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, New Mexico					
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 H	Sec. 12	Twp. 29N	Rge. 17W	Is gas actually connected? none	When

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 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res ^{iv} . <input type="checkbox"/> Diff. Res ^{iv} . <input type="checkbox"/>		
Date Spudded March 27, 1967	Date Compl. Ready to Prod. April 7, 1967		
Elevations (DF, RKB, RT, GR, etc.) 5042 GR	Name of Producing Formation Dakota		
Perforations none	Top Oil/Gas Pay 720		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 6-1/4	CASING & TUBING SIZE 7"	DEPTH SET 25'	SACKS CEMENT none - driven
6-1/4	4-1/2"	720'	50 sx Class A w/2% CaCl
2-3/8" tubing		711'	

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 4-9-67	Date of Test 4-9-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 32.5 BOPD	Oil-Bbls. 32.5 BOPD	Water-Bbls. none	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	OIL CONSERVATION COMMISSION
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.	APPROVED _____, 19____
Raymond J. Duncan (Signature)	BY Raymond J. Duncan
for: Walter Duncan (Title)	TITLE PETROLEUM ENGINEER DIST. NO. 4
April 10, 1967 (Date)	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.