

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form with fields: NO. OF COPIES RECEIVED, DISTRIBUTION, SANTA FE, FILE, U.S.D.S., LAND OFFICE, TRANSPORTER (OIL, GAS), OPERATOR, PRODUCTION OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texas Eastern Developments, Inc.

Address P. O. Box 2521 Houston, Texas 77001

Reason(s) for filing (Check proper box)
New Well [] Change in Transporter of: Oil [] Dry Gas []
Recompletion [] Casinghead Gas [] Condensate []
Change in Ownership [X] Other (Please explain)

If change of ownership give name and address of previous owner Shiprock Corp. P. O. Box 211, Farmington, N.M. 87401

DESCRIPTION OF WELL AND LEASE

Lease Name Shiprock I Well No. 10X Pool Name, including Formation Shiprock-Gallup Kind of Lease State, Federal or Fee Navajo Lease No. 14-20-603-5036
Location Unit Letter I ; 2280 Feet From The S Line and 731 Feet From The E
Line of Section 17 Township 29 N Range 18 W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [] Thriftway Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 1367, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas [] or Dry Gas [] 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 I Sec. 17 Twp. 29N Rge. 18W Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

Table with 4 columns: HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pistol, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Margaret Bane (Signature) Administrative Coordinator

April 22, 1981 (Date)

OIL CONSERVATION DIVISION

APPROVED MAY 15 1981, 19

BY Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT #1

TITLE

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 deviatio 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 completed wells.