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LAND OFFICE	
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.

I. Operator **Shiprock Corporation**
Address **Box 211 Farmington N M**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shiprock	Well No. 17	Pool Name, Including Formation Shiprock Gallup	Kind of Lease Navajo	Lease No. 14 20 603 5036
Location Unit Letter I ; Feet From The 2615 FSL Line and 990' FEL Feet From The Line of Section 17 Township 29N Range 18W , 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"/> Rock Island Oil & Refining Co	Address (Give address to which approved copy of this form is to be sent)			
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 I&L	Sec. 17	Twp. 29N	Rge. 18W
	Is gas actually connected?		When	
	no			

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 2 21 69	Date Compl. Ready to Prod. 3 13 69	Total Depth 104'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 5187 GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 38-94 1/2'	Tubing Depth 99'					
Perforations 38-94 1/2'	Depth Casing Shoe 103'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 5-5/8	CASING & TUBING SIZE 4" & 2"		DEPTH SET 103' & 99'		SACKS CEMENT circulated			

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 more than 10% of allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Apr 69	Date of Test 5-31-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure none	Casing Pressure none	Choke Size none
Actual Prod. During Test	Oil-Bbls. 9	Water-Bbls. no	Gas-MCF none

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.

C F Stringer
(Signature)
C F Stringer Prod Supt
(Title)
6-9-1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 11 1969**
BY **Original Signed by Emery C. Arnold**
SUPERVISOR DIST. #3
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 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.

