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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

B.T.

Operator Shiprock Corporation	
Address Box 211 Farmington N M	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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

Lease Name Shiprock	Well No. 66	Pool Name, Including Formation Shiprock Gallup	Kind of Lease Navajo	Lease No. 14 20 603 5036
Location 1815 FSL 825' FEL				
Unit Letter I ; Feet From The Line and 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Rock Island Oil & Refining Co						
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 17 29N	Sec. 18W	Twp. 18W	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3 11 69	Date Compl. Ready to Prod. 3 18 69	Total Depth 106'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 5195 GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 88-96	Tubing Depth 100'					
Perforations 88-96	Depth Casing Shoe 106							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 5-5/8	CASING & TUBING SIZE 4 1/2" & 2" LP		DEPTH SET 106		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 exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Apr 69	Date of Test 5-21-69	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure none	Casing Pressure none	Choke Size none
Actual Prod. During Test	Oil-Bbls. 4	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

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
JUN 11 1969

APPROVED _____
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.