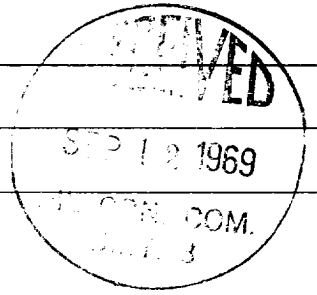


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OPERATOR		2
PRORATION OFFICE		

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



Operator Shiprock Corporation	
Address P. O. Box 211, Farmington, New Mexico	
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"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead 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 17-G	Lease No. 55	Well No. 55	Pool Name, Including Formation Shiprock-Gallup	Kind of Lease Navajo
Location Unit Letter G ; 1965' Feet From The N Line and 2007' Feet From The E Line of Section 17 Township 29N Range 18W , NMPM, San Juan County				State, Federal or Fee 14-20-603-1049

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 Company		Address (Give address to which approved copy of this form is to be sent) 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 G	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: _____

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 8-23-69	Date Compl. Ready to Prod. 8-30-69	Total Depth 97'		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 5203 GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 80' - 86'		Tubing Depth 91'				
Perforations 80' - 86' 16 holes		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 6-1/8"		CASING & TUBING SIZE 4 1/2"		DEPTH SET 97'		SACKS CEMENT 9 sx 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)

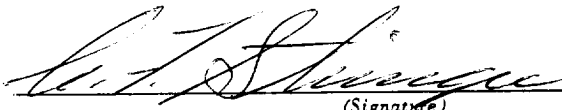
Date First New Oil Run To Tanks 9-9-69	Date of Test 9-9-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 0	Choke Size none
Actual Prod. During Test	Oil-Bbls. 13	Water-Bbls. 0	Gas-MCF tstn

GAS WELL

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


(Signature)
Prod. Supt.
(Title)
9-10-69
(Date)

OIL CONSERVATION COMMISSION
SEP 12 1969
APPROVED _____, 19____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #9
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.