

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
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



Operator Shiprock Corporation	
Address P. O. Box 211, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 17-G	Well No. 75	Pool Name, Including Formation Shiprock-Gallup	Kind of Lease Navajo	Lease No. 14-20-603 1049
Location				
Unit Letter G ; 2284' Feet From The N Line and 1963' Feet From The E				
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 ☒ or Condensate ☐ 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 ☐ 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 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 ☒	Gas Well	New Well ☒	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 8-22-69	Date Compl. Ready to Prod. 8-29-69		Total Depth 99'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 5206' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 81' - 87'		Tubing Depth 91'			
Perforations 81' - 86' 16 holes				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
6-1/8"	4 1/2"		99'		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. 12	Water - Bbls. 0	Gas - MCF 1 atm

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

(Signature)

Prod. Supt.

(Title)

9-10-69

(Date)

OIL CONSERVATION COMMISSION

SEP 12 1969

APPROVED _____, 19____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #9

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.