

Water Injection Well

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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

I.

Operator		SHIPROCK CORPORATION	
Address		BOX 211, FARMINGTON, NEW MEXICO 87401	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	NAVAJO 17-H	Well No.	75	Pool Name, Including Formation	SHIPROCK CORPORATION Gal	Kind of Lease	State, Federal or Fee	NAVAJO	Lease No.	1049
Location										
Unit Letter	H	2302	Feet From The	N	Line and	655	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	☐	Address (Give address to which approved copy of this form is to be sent)	
PLATEAU, INC.				FARMINGTON, NEW MEXICO 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	Sec. 17	T. 29N	Rge.	Is gas actually connected?
	H	29N	29N	18W	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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	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 (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.

Kran Cyprus
(Signature)
Bkpr.
(Title)
3/27/70
(Date)

OIL CONSERVATION COMMISSION	
MAR 30 1970	
APPROVED	19
BY Original Signed by Emery C. Arnold	
TITLE SUPERVISOR DIST. 75	
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 tested wells.	