NERGY AND MINERALS DEPARTMENT DISTRIBUTION BANTA FE U.S.U.S.

TRANSPORTER DIL

OIL CONSERVATION DIVISION P. O. BOX 2088

REQUEST FOR ALLOWABLE
AND
LITHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SAN	NTA FE, NEW MEXI	CO 87501
	REQUEST FOR ALLOY	YABLE

	PROBATION OFFICE	AUTHORIZATION TO TRANSP	ORI OIL AND NATU	KAL GAS	<u> </u>			
•	Operator Texas Eastern							
	Address P.O. Box 2521	Houston, Texas 77001						
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Dry Gas Temporarily Plugged & Abandoned Change in Ownership XXX Casinghead Gas Condensate							
•	If change of ownership give name and address of previous owner	Shiprock Corp. P.O. Bo	ox 211 Farmingt	on, New Me	xico 87401			
J.	DESCRIPTION OF WELL AND I Lease Name Navajo 17G	Well No. Pool Name, Including Fo Shiprock-Ga	ination 11up	Kind of Lease State, Federal	Mauaio	14-20-603-		
	Location G 16	96 Feet From The NLine	2326	Feet From T	he <u>E</u>			
	17	mahip 29N Range 1	8 W , NMPA	a. Sar	ı Juan	County		
1.	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent) Thriftway Co. P.O. Box 1367 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)					o 87401		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			n			
v.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling orde	Deepen	Plug Back Same Res	stv. Diff. Rest.		
	Designate Type of Completio		1			<u> </u>		
	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 Snoe			
		TUBING, CASING, AND	CEMENTING RECO		SACKS CEI	MENT		
	HOLE SIZE	CASING & TOSING CITE			-			
			fter recovery of total val	ume of load all s	in must be equal to or	exceed top allo		
V.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hour Producing Method (Flo	TOOL	_f			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (1.0		/			
	Length of Test	Tubing Pressure	Casing Pressure	The same is a same of the same	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF			
					-			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MM	CF	Gravity of Condensat	•		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size			
71. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			_	TION DIVISION MAY 151966	. 19			
		Original Signed by FRANK T. CHAVEZ						
		SUPERVISOR DISTRICT VE 2						
April 22, 1981 (Date)			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens 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 allow able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of commercial name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply campleted wells.					