

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR

REGISTRATION OFFICE

Operator

OVERLAND OIL & GAS CORP.

Address: 3539 E. 30th Street Suite 108, Farmington, New Mexico 87401

Reasons for change (Check one)

Other (Please specify)

New well ☐
Recompletion ☐
Change in ownership ☐

Change in transporter oil ☐
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

alternative transporter

If change in ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NAVAJO TRIBAL	Well No. 11	Pool Name, including Formation Slick Rock Dakota	Kind of Lease Gas	Lease No. 14-20-603-742
Location Unit Letter E : 2475 Feet From The North Line and 660 Feet From The West				
Line of Section 31 Township 30N Range 16W , 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"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Mc Dougald Oil Co.	Address (Write address to which approved copy of this form is to be sent) Box 309 Moab, Utah 84532
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 31 30N 16W 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'tv.	Diff. Res'tv.
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-MMCF
GAS WELL			
Actual Prod. Test-MMCF/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.

Charles Johnson
(Signature)

Operator

(Title)

June 15, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 16 1982, 19

Original Signed by **CHARLES JOHNSON**

BY DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.