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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 1-1-85

I. Operator
Overland Oil & Gas Corp.

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

Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner **C.S.T. 501 Airport Dr. Suite 110, Farmington, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribal	Well No. 13	Pool Name, Including Formation Slickrock Dakota	Kind of Lease State, Federal or Fee 14-20-603-742	Lease No.
Location Unit Letter L 2475 Feet From The South line and 1153 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

Transporter McDonough Oil Co. Inc	Address (Give address to which approved copy of this form is to be sent) P.O. Box 309, Moab, Utah 84532
Number of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Unit 31	Sec. 30N
Twp. 16W	Pge.
Is gas actually connected? When	

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, RAB, 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 oil well for this depth or be for full 24 hours)

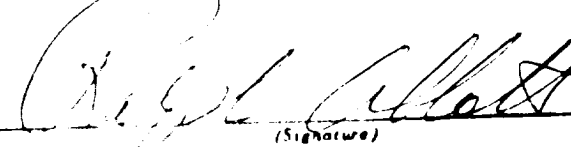
Time Interval - 10 min to 1 hour	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. During Test	Length of Test	Bbls. Condensate, MMCF	Gravity of Condensate
Testing Method - Flow, shut-in, etc.	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)
Owner-Operator
(Title)
August 1, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 3 1980**, 19

Original Signed by **FRANK T. CHAVEZ**

BY **SUPERVISOR DISTRICT # 3**

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 file 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 multiple completed wells.