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TRANSPORTER	OIL 1 GAS
OPERATOR	2
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-1104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Associated Royalty Company
 Address: **1105 United Bank Center; Denver, Colorado 80202**
 Reason(s) for filing (Check proper box):
 New Well: Reason to Transporter of:
 Recompletor: Oil: Dry Gas:
 Change in Ownership: Changehead Gas: Reorder rate:

If change of ownership give name and address of previous owner: **Humble Oil & Refining**
P. O. Box 1600; Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Navajo Tribe of Indians F** Well Name: **120 Horseshoe Gallup** Kind of Lease: **Federal** Lease No.: **14-20-603 2034**
 Location: **F 1980 north 1980 west**
 Line of Section: **10** Township: **31N** Range: **17W** County: **San Juan**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: **Shell Pipeline Corp.** Address: **Box 1588; Farmington, New Mexico 87401**
 Name of Authorized Transporter of Casinhead Gas: or Dry Gas:
 If well produces oil or liquids, give location of tanks: **F 10 31 17**

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion -- (A)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded	Date Comp. Ready to Prod.		Total Depth		H.B. Test			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top of Producing		Casing Depth			
Perforations					Depth of 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 14 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 - Bbl.s. _____ Water - Bbl.s. _____ Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D: _____ Length of Test: _____ Bbl.s. Condensate/MCF: _____ Gravity of Condensate: _____
 Testing Method (plug 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.

J. D. Hicks
 (Signature) **President**
Engineering & Production Service, Inc.
 12-31-72
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY _____
 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 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.

