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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

Operator Associated Royalty Company	
Address 1105 United Bank Center; Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	

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 No. 119	Lease Name, including Formation Horseshoe Gallup	Kind of Lease State, Federal or Private Federal	Lease No. 14-207-603
Location: Unit Letter C Section 660 Feet from The north Line and 1980 Feet from The west Line of Section 9 Township 31N Range 17W N.M.P.M. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1588; 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 F Sec. 10 Twp. 31 Rge. 17	Is this unit currently connected? ☐ When

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	Dry Well	Workover	Deepen	Plug Back	Game Best	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		Bottom					
Elevations (DE, RAS, PT, GR, etc.)	Name of Producing Formation	Top of Gas Flow		Bottom Depth					
Perforations		Depth casing shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

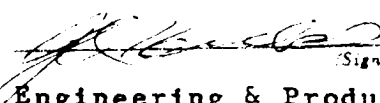
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 in Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Casing Pressure	Casing Pressure	Choke Size
Actual Flow (Gals./Day)	Water-Bbls.	Water-Bbls.	Gas/MCF
GAS WELL			
Actual Flow (Gals./Day)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Spot, Flow, etc.)	Casing 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
President
Engineering & Production Service, Inc.
12-31-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED **1972**, 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.