

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PROVATION 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 1-1-65

Operator	
Associated Royalty Company	
Address	
1105 United Bank Center; Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	
New Well	Change in Transporter etc.
Recompletion	Oil
Change in Ownership	Casinghead Gas
	Dry Gas
	Condensate

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.	104	Port Name, including Formation	Horseshoe Gallup	Kind of Lease	Federal	Lease No.	14-20-603
Location	Unit Letter K 1980 Feet From The south Line and 1980 Feet From The west								
Line of Section	4	Township	31N	Range	17W	San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	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		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

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RL, 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 Fluid During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Fluid Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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
President
Engineering & Production Service, Inc.
12-31-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signature of _____
TITLE SUPERVISOR 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.