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FILE

1

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

1

GAS

OPERATOR

2

PRORATION OFFICE

Operator

ENGINEERING & PRODUCTION SERVICE, INC.

Address

P. O. Box 190; Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change In Ownership

X

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

ASSOCIATED ROYALTY CO.; 1105 United Bank Center, Denver, Colo. 80202

DESCRIPTION OF WELL AND LEASE

Lease Name

Navajo Tribe of Indians "F"

Well No.

127

Pool Name, Including Formation

Horseshoe Gallup

Kind of Lease

State, Federal or Fee

Federal

Lease No.

14-20-603-2034

Location

Unit Letter

J

Feet From The

1980

Line and

1980

Feet From The

east

Line of Section

4

Township

31N

Range

17W

NMPM,

San Juan

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

X

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Shell Pipeline Corp.

Bx. 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 gas actually connected?

When

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

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, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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-MCF

GAS WELL

Actual Prod. Test-MCF/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

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.

1-30-75

OIL CONSERVATION COMMISSION

APPROVED

BY Original Signed by Emery C. Arnold

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.