COMPLETION DATA Designate Type of Complet	ion - (X)	New Well Workover Deepen P	lug Back Same Res'v. Diff. Res'v.
	ith that from any other lease or pool,	give commingling order number:	
If well produces oil or liquids, give location of tanks.	F 10 31 17	is gas actually connected?	
Name of Authorized Transporter of C	Unit Sec. Twp. P.ge.	Address (Give address to which approved Is gas actually connected? When	copy of this form is to be sent;
Shell Pipeline Corp	•	Box 1588, Farmington, NM	
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL G. Or Condensate	AS Address (Give address to which approved	copy of this form is to be sent)
DECICNATION OF TRANSPO	TED OF OU AND NAMEDAY C	AC	
Line of Section 1 T	ownship 31N Range	17W , NMPM, San Juan	County
Unit Letter L;	2310 Feet From The South Li	ne and 990 Feet From The	West
Location		ks Ballup State, Federal or	
Lease Name Navajo Tribe of Indians "G"		· 1	14-29-603 Fee Federal 2033
DESCRIPTION OF WELL AND	Well No.: Pool Name, Including	Formation Kind of Lease	116-20-60
and address of breatons owner	· · · · · · · · · · · · · · · · · · ·		
If change of ownership give name and address of previous owner	Engineering & Producti	on Service, Inc., Box 190,	Farmington, NM 87401
Change in Ownership[A]	Cuamqueuq Gas Conde	chause []	
Recompletion Change in Ownership X	Oil Dry G	cas Casate	
New Well	Change in Transporter of:		
Reason(s) for filing (Check proper b		Other (Please explain)	
2313 Santiago Avenu	e, Farmington, NM 8740	1	,
Hicks Enco, Inc.			
Operator .			
PRORATION OFFICE	7		•
OPERATOR /		•	•
IRANSPORTER OIL			
LAND OFFICE	<u> </u>		_
U.S.G. S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GA	S
FILE	3	AND	Effective 1-1-65
	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-1

OIL CONSERVATION COMMISSION Original Signed by FRANK P. CHAVEZ DEPUTY GIL & GAS INSTECTOR, DIST. #3

Gravit

Choke Siz

aOdprochogy.

DIST. 3

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.

Length of Test

Tubing Pressure (Shut-in)

Jack D. Cook

(Signature) Engineering & Production Service, Inc

February 26, 1979

GAS WELL

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

CERTIFICATE OF COMPLIANCE

(Date)

This form is to be filed in compliance with RULE 1104.

Bbls. Condensate/MMCF

TITLE.

Casing Pressure (Shut-in)

If this is a request for allowable for a newly drilled or despened 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.