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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

B.K.

Operator <b>ASSOCIATED ROYALTY COMPANY</b>	
Address <b>P. O. Box 190, Farmington, New Mexico 87401</b>	
Reasons for filing (Check proper box) Other (Please explain)	
New well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease No. <b>14-20-60</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>2034</b>
Well Name, including Formation <b>Navaio "F" 145 Horseshoe Gallup-Gallup Sand</b>		
Location Unit, Section, Township, Range, NMPM, County		
Unit, Section, Township, Range, NMPM, County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Four Corners Pipeline</b>	<b>Box 2648, Houston, Texas 77001</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>None</b>	
Is gas actually connected? <b>No</b>	When <b>TST</b>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>
Date Spudded <b>12-13-74</b>	Date Compl. Ready to Prod. <b>12-31-74</b>
Producing Form. <b>5190 G.L.</b>	Name of Producing Formation <b>Gallup Sand</b>
Top Oil/Gas Pay <b>817 - 839 w/2 jets/ft.</b>	Top Oil/Gas Pay <b>814</b>
Depth Casing Shoe <b>898 ft.</b>	Depth Casing Shoe <b>898 ft.</b>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9"	7", 23.0 # J-55	68'	25 sks.-Class "C"-ci
6 1/2"	4 1/2", 10.5 # H-40	898'	125 sks.-Poz. "A" 50-5

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 of Test <b>1-8-75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>
Length of Test <b>24 hrs.</b>	Casing Pressure <b>Pump</b>
Water-Bble. <b>51</b>	Choke Size <b>Pump</b>
	Gas-MCF <b>TSTM</b>

GAS WELL

Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
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.

**Jack D. Cook**

(Signature)

**Engineer**

(Title)

**1-13-75**

(Date)

OIL CONSERVATION COMMISSION

**JAN 15 1975**

APPROVED

BY **Original Signed by A. R. Kendrick**

TITLE **PETROLEUM ENGINEER DIST. NO. 5**

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.