				1	
	DISTRIBUTION JANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1:	
	U.S.G.S. LAND OFFICE		AND ANSPORT OIL AND NATURAL G	Effective 1-1-65	
	TRANSPORTER OIL GAS OPERATOR 2			:	
ì.	PRORATION OFFICE Operator KENAI OIL AND GAS] 5 INC.			
	2000 Energy Center One Building, 717 17th Street, Denver, Colorado 80202				
	Reason(s) for filing (Check proper box, New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	=		
	If change of ownership give name and address of previous owner	John A. Egan, 1332 E. 27	7th Place, Tulsa, OK 7411	14	
II.	DESCRIPTION OF WELL AND DESCRI	Well No. Pool Name, Including F	ormation Kind of Lease tured Cliffs 英東東, Federal	Lease No. SF-079086	
	Unit Letter A : 1190' Feet From The North Line and 810' Feet From The East				
	Line of Section 18 Tow	waship 24North Range	6West , NMPM, Rio Ar	riba County	
tii.	DESIGNATION OF TRANSPORT		Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas XX or Dry Gas El Paso Natural Gas Co.		Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	January, 1967	
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty.				
	Designate Type of Completion		New Well Workover Deepen	Plug Back Same Resv. Diff. Resv.	
	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				
		T	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMEN!	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (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)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oti-Bbls.	Water - Bbls.	94-MAF	
	GAS WELL			APR A 1911	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	deavity of Condonnates	

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

Patrick > De Zin
(Signature) VICE-PRESIDENT
(Title)

(Date)

4/2/79

OIL CONSERVATION COMMISSION ΔPR 4 1979

APPROVED.

Casing Pressure (Shut-in)

Original Signed by FRANK T. CHAVEZ

DEPUTY OIL & CAS INC 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. Conserts Forms C-104 must be filed for each cool in multiply