DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION ANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Kenai Oil & Gas 717 17th St. Suite 2000 Denver, CO 80202 Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease 35-13 Gallup, Escritotyhund Ext L-2986 State of New Mexico عذ في State, Federal or Fee State 1650 Feet From The South Unit Letter Line and Feet From The 36 Line of Section 24N 8W Township San Juan County I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this form is to be sent) Southern Union Refining Co. 1800 First International Bldg. Dallas, TX 75270 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Mesa Petroleum Co. Box 2009, One Mesa Square, Amarillo, TX 79189 Unit Twp. If well produces oil or liquids, Sec. P.ge. Is gas actually connected? When ! M 36 24N No March 1, 1982 If this production is commingled with that from any other lease or pool, give commingling order number: 7. COMPLETION DATA Oil Well New Well Workover Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion = (X) χ Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. <u>12-8-81</u> 2-2-82 5700' 5667' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth 6871' GR 5609' KB Gallup 5238' Depth Casing Shoe 5602 - 523**7** TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 1211 256' KB 8 5/8",23# 200 sxs. 4½", 9.5# <u>7_7/8"</u> 5704' KB 1050 sxs. 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 alimable 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 lift, etc.) 1-28-82 Length of Test 2-1-82 Tubing Pressure Flow & Swab Casing Pressure Choke Size 4 hrs. Actual Prod. During Test 300 psi Water - Bbls. выв. 64 Bbls. (🛪 🔀 64 Bbls. 0 GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, 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.

Manager of Production

(Title)

February 16, 1982

OIL CONSERVATION COMMISSION

APPROVED

B Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTION, DIST. 4/3

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.

Sanarata Forms C-104 must be filed for each nool in multiple