

STATE	
COUNTY	
LOCALITY	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REGULATIONS ALLOWABLE
 AND

Form O-104
 Supersedes Old O-104 and C-110
 Effective 1-1-65

AUTHORIZATION TO TEST OIL AND NATURAL GAS

I. OPERATOR

Operator: OVERLAND OIL & GAS CORP.

Address: 3539 E. 30th Street Suite 108 Farmington New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Gas Ahead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>DEB</u>	Well No. <u>18</u>	Pool Name, Including Formation <u>Slickrock Dakota</u>	Kind of Lease State, Federal or Fee <u>Navajo</u>	Lease No. <u>12-000-2027</u>
Location				
Unit Letter <u>P</u>	<u>510</u>	Feet From The <u>South</u>	Line and <u>420</u>	Feet From The <u>East</u>
Line of Section <u>36</u>	Township <u>30N</u>	Range <u>17W</u>	NMPM, <u>San Juan</u>	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)					
<u>Plateau Inc.</u>	<u>P.O. Box 489 Bloomfield N.M. 87401</u>					
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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>P</u>	<u>36</u>	<u>30N</u>	<u>17W</u>	<u>No</u>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevation (F, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
PIPE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 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

RECEIVED

JUN 6 1983

GAS WELL	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, ball)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	DIST. #	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.

Walt
 Operator (Signature)

 Operator (Title)

June 1, 1983
 (Date)

OIL CONSERVATION COMMISSION

JUN 6 1983

APPROVED Frank J. Dwyer

BY _____
 SUPERVISOR DISTRICT # _____

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.

Separate Forms O-104 must be filed for each pool in multiple