

STATE OF NEW MEXICO	
DEPARTMENT OF REVENUE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
SEAL OF THE STATE OF NEW MEXICO
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM 1104
5-1-79
1-1-82

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))	
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter (s)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> alternative transporter
<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 Name King Kong	Well No. 9	Pool Name, including Formation Salt Creek Dakota	Kind of Lease State, Federal or Foreign Navajo	Lease No. 14-20-0603-639
Location				
Unit Letter G	1980	Feet From The East	Line and 2310	Feet From The North
Line of Section 4	Township 30N	Range 17W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1928 Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Mc Dougald Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 309 Moab, Utah 84532					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 4	Twp. 30N	Rge. 17W	Is gas actually connected? No	When

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.
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		
TUBING, CASING, AND CEMENTING RECORD								
HOLE 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 test 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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	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.

June 15, 1982
(Date)
Operator
(Title)
June 15, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 16 1982, 19____
BY Original Signed by CHARLES GHOLSON
DEPUTY OIL & GAS INSPECTOR, DIST. #3
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 1104 must be filed for each pool in multiple