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PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form No. 104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Associated Royalty Company	
Address 1105 United Bank Center; Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	
New Well ☐	Lease or Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner: **Humble Oil & Refining**
P. O. Box 1600; Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe of Indians G	Well No. and Name, including Formation 201 Horseshoe Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. 14-20-603 2033
Location			
Unit Letter N	500	Feet From The south	Line and 1980
Line of Section 11		Township 31N	Range 17W
		County San Juan	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corp.	Box 1588; Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 F
	Sec. 10
	Twp. 31
	Rge. 17

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Rig No.					
Elevations (D.F., R.A.B., RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

VI. 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

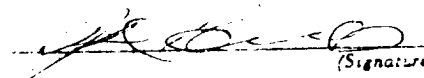
Date First New Oil Run To Surface	Date of Test	Producing Methods (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Production (bbls./day)	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual First Test (MCF/D)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spin, back pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. CERTIFICATE OF COMPLIANCE

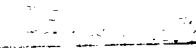
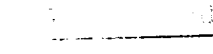
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


J. D. Hicks
(Signature) President
Engineering & Production Service, Inc.
(Title)

12-31-72

(Date)

OIL CONSERVATION COMMISSION

APPROVED  19
Original Signed
BY 
TITLE **STERN-LOCH DIST. #2**

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.