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| TRANSPORTER            | OIL 1<br>GAS |
| OPERATOR               | 2            |
| PRODUCTION OFFICE      |              |

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

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

|                                                                   |                                                                             |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Operator<br><b>Associated Royalty Company</b>                     |                                                                             |
| Address<br><b>1105 United Bank Center; Denver, Colorado 80202</b> |                                                                             |
| Reason(s) for filing (Check proper box)                           | Other (Please explain)                                                      |
| New Well <input type="checkbox"/>                                 | Change in Transporter etc. <input type="checkbox"/>                         |
| Recompletion <input type="checkbox"/>                             | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Ownership <input checked="" type="checkbox"/>           | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

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<br><b>Navajo Tribe of Indians F</b>                                                                                                                                                                       | Well Name, including Formation<br><b>141 Horseshoe Gallup</b> | Kind of Lease<br>State, Federal <b>Federal</b> | Lease No.<br><b>14-20-603 2034</b> |
| Location<br>Unit Letter <b>J</b> <b>1980</b> Feet from The <b>south</b> Line and <b>2080</b> Feet from The <b>east</b> Line of Section <b>10</b> Township <b>31N</b> Range <b>17W</b> N.M.M., <b>San Juan</b> 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)<br><b>Box 1588; Farmington, New Mexico 87401</b> |
| 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 casinghead gas, give location of tanks                                                          | Unit <b>F</b> Sec <b>10</b> Twp. <b>31</b> Rge. <b>17</b>                                                                 |

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

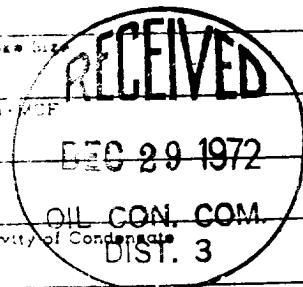
IV. COMPLETION DATA

|                                      |                             |                    |                   |
|--------------------------------------|-----------------------------|--------------------|-------------------|
| Designate Type of Completion - (X)   |                             |                    |                   |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth        | P.B.T.D.          |
| Elevations (DB, RAB, RT, GR, etc.)   | Name of Producing Formation | Top of Oil/Gas Pay | Bottom 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 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                               | Check Size            |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF             |
| GAS WELL                        |                 | Bbls. Condensate/MCF                          | Gravity of Condensate |
| Actual Prod. Test MCF/D         | Length of Test  | Casing Pressure (Shut-in)                     | Check 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.

**J. D. Hicks**  
**President**  
**Engineering & Production Service, Inc.**  
**12-31-72**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **DEC 29 1972**  
BY **Original Signature of J. D. Hicks**  
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.