DISTRIBUTION			
	NEW MEYICO OIL	CONSCRIMENTAL	
SANTA FE	- I	CONSERVATION COMMISSION	Form C-104
FILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TE	AND	
LAND OFFICE	AUTHORIZATION TO TH	RANSPORT OIL AND NATURAL	GAS
IPANSPORTER OIL	-		
GAS	-		
PRORATION OFFICE	-		
Operator			
ENGINEERING &	PRODUCTION SERVICE,	INC.	
P. O. Box 190,	Farmington, New Me	xico 87401	
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:	<u></u>	
Recomplication V	Oil Dry C		
Chang. Ownership A		er.sate	
and address of previous owner AS:		•; 1105 United Bank	Center, Denver, Colo 80202
Lease Name Navajo Tribe	Well No. Fool Name, Including	l l	1 6 30 6
of Indians "F"	108 Horsesho	e Gallup State, Foder	ral or Fee Federal 2034
Unit Letter E : 198	80 Feet From The north L	ine and 660 Feet From	The west
Line of Section 10 Tow	vnshir 31N Range	17W , NMPM,	San Juan County
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil Shell Pipeline Con Hame of Authorized Transporter of Cas	cr Condensate	Andress (Give address to which appr	on. New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fge. F 10 31 17	Is gas defically connected?	hen
			
	h that from any other lease or pool		
	h that from any other lease or pool	give commingling order number: New Well Workover Deepen	Plug Back Same Resty, Diff. Resty
If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded	h that from any other lease or pool		Plug Back Same Res'v. Diff. Res'v
COMPLETION DATA Designate Type of Completio	h that from any other lease or pool $n=(X) \label{eq:continuous} \text{Oil Well} \ \ \text{Gas Well}$ Date Jompi. Ready to Prod.	New Well Workover Deepen	
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J. D. Hicks

President

& Production Service, Inc.

(Title)

(Date)

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SUPERVISOR 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.

1 4-20-603-2034

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 C-104 must be filed for each pool in multiply completed wells.