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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 ENGINEERING & PRODUCTION SERVICE, INC.			
Address P. O. Box 190; Farmington, New Mexico 87401			
Reason(s) for filing (Check appropriate box)			
New Well	☐	Change in Transporter of:	
Renomination	☐	Oil	☐
Change of Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name and address of previous owner ASSOCIATED ROYALTY COMPANY; 1105 United Bk. Center, Denver, Colo 80202

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Navajo Tribe of Indians "G"	Well No., Pool Name, Including Formation	217 Many Rocks	Kind of Lease	Federal	Lease No.	14-20-603-2033
Location							
Unit Letter	H	1820 Feet From The	north	Line and	500 Feet From The	east	
Line of Section	12	Township	31N	Range	17W	N.M.M.	San Juan County

I. 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.	Bx. 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	Sec.	Twp.	Range	Is well actually connected?	When
	F	10	31	17		

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

II. 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 (D.F., R.A.B., R.L., G.R., etc.)	Name of Producing Formation	Depth of Gas Entry	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

III. 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)

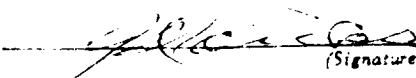
Date First Flow or Shut-In Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Shut-In	Water-Hole	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Sealing Method (pump, back prod)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

IV. 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.
Title
1-30-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 6 1974**
BY Original Signed by Emery C. Arnold
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.
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.