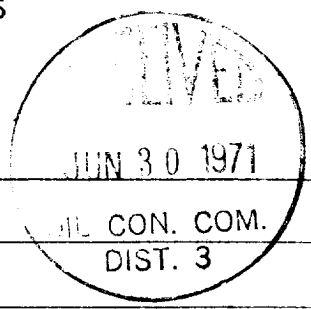


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**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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



I. Operator
BEARD OIL COMPANY
 Address
 2000 Classen Center, 200 South, Oklahoma City, Oklahoma 73106

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Effective Date July 1, 1971

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Dosh e pi Henio</i>	Well No. <i>1</i>	Pool Name, Including Formation <i>Lone Pine Dakota "D"</i>	Kind of Lease <i>Navajo</i>	<i>14-20-0803</i>
Location			State, Federal or Fee <i>Allotted</i>	<i>9535</i>
Unit Letter <i>D</i> ; <i>330</i> Feet From The <i>North</i> Line and <i>330'</i> Feet From The <i>West</i>				
Line of Section <i>17</i> Township <i>17 North</i> Range <i>8 West</i> , NMPM, <i>McKinley</i> 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"/> <i>The Shell Oil Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 2099, Houston, Texas</i>
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 oil or liquids, give location of tanks. <i>D 17 17N 8W</i>	Is gas actually connected? <i>No</i> 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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <i>2-3-71</i>	Date Compl. Ready to Prod. <i>2-15-71</i>	Total Depth <i>2901' KB</i>	P.B.T.D. <i>2882' KB</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>7057' KB; 7046 Br</i>	Name of Producing Formation <i>Dakota "D"</i>	Top Oil/Gas Pay <i>2832' KB</i>	Tubing Depth <i>2822' KB</i>					
Perforations <i>2832-37 (5' @ 2 HPF)</i>	Depth Casing Shoe <i>2900' KB</i>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12-1/4"</i>	<i>8-5/8"</i>	<i>85' KB</i>	<i>40 sx Regular</i>
<i>7-7/8"</i>	<i>4-1/2"</i>	<i>2,900' KB</i>	<i>425 sx Class "C"</i>
<i>Inside 4-1/2" csg</i>	<i>2-3/8"</i>	<i>2,822' KB</i>	<i>None</i>

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 <i>2-12-71</i>	Date of Test <i>2-15-71</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Flow</i>	
Length of Test <i>24 hours</i>	Tubing Pressure <i>140</i>	Casing Pressure <i>210</i>	Choke Size <i>20/64"</i>
Actual Prod. During Test <i>313</i>	Oil-Bbls. <i>303</i>	Water-Bbls. <i>10</i>	Gas-MCF <i>175</i>

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.

BEARD OIL COMPANY
 By: *Ivan D. Allred, Jr.*
 (Signature) *Ivan D. Allred, Jr.*
 Petroleum Engineer
 (Title)
 6-28-71
 (Date)

OIL CONSERVATION COMMISSION
JUN 30 1971, 19____

APPROVED _____
 BY *Original Signed by E. E. Kunklick*
 TITLE *PETROLEUM ENGINEER DIST. NO. 5*

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.