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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

Revised for actual gas connection date.

3-C 3051R

Operator Kenai Oil & Gas Inc.	
Address 1675 Larimer St. Suite 500 Denver, CO 80202	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 3	Well No. 3243	Pool Name, including Formation Lybrook Ext., Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM18463
Location Unit Letter I ; 1830 Feet From The South Line and 940 Feet From The East Line of Section 3 Township 23N Range 8W , NMPM, San Juan County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Co. of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1800 First International Bldg. Dallas TX			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 3	Twp. 23N	Rge. 8W
Is gas actually connected?		When		
Yes		June 8, 1982		

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
Date Spudded 1-22-82	Date Compl. Ready to Prod. 4-22-82		Total Depth 5700'		P.B.T.D. 5669'			
Elevations (DF, RKB, RT, GR, etc.) 7028' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5264'		Tubing Depth 5609'			
Perforations 5594, 5549-52, 5525-30, 5510-20, 5508-12, 5499-5502, 5489-96, 5485-88, 5476-81, 5457-64, 5436-39, 5418-23, 5378-98, 5370-73, 5362-66, 5350-58, 5334-36, 5321-25, TUBING, CASING, AND CEMENTING RECORDS 5310-14, 5286-91, 5264-73								
HOLE SIZE 12 1/2" 7 7/8"	CASING & TUBING SIZE 8 5/8" 24# 4 1/2" 9.5#		DEPTH SET 279' 5700'		SACKS CEMENT 200 SXS. 1000 SXS.			

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 4-17-82	Date of Test 4-22-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 hrs.	Tubing Pressure 35 psi	Casing Pressure	Choke Size Open
Actual Prod. During Test	Oil-Bbls. 37.5 Bbls.	Water-Bbls. 0	Gas-MCF 73

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.

Manager of Operations

June 17, 1982

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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.