

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23524

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SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator KENAI OIL AND GAS INC.	
Address 717 17th Street, Suite 2000, Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico State	Well No. 1	Pool Name, including Formation Nageezi-Gallup	Kind of Lease State, Federal or Fee State	Lease No. L-2986
Location Unit Letter 0 : 790 Feet From The South Line and 1750 Feet From The East Line of Section 32 Township 24N Range 8W, NMPM, Rio Arriba 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"/> Canibou Four Cannons, Inc. (trucked by Inland)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 75, Farmington, NM 87401					
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.	Unit 0	Sec. 32	Twp. 24N	Rge. 8W	Is gas actually connected?	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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded 5/16/79	Date Compl. Ready to Prod. 11/9/79	Total Depth 6521' KB	P.B.T.D. 5428' KB					
Elevations (DF, RKB, RT, GR, etc.) 7007' GR, 7019' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay	Tubing Depth 5392.20' KB					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" csg.	295' KB	275 SXS.
7-7/8"	4-1/2" csg.	6520' KB	700 SXS.
	2-3/8" tbg.	5392.20' KB	

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 11/1/79	Date of Test 11/7/79	Producing Method (Flow, pump, gas lift, etc.) Swab & flow	
Length of Test 8 hrs.	Tubing Pressure	Casing Pressure	Choke Size 2" open
Actual Prod. During Test	Oil-Bbls. 28 87	Water-Bbls. 19 (load)	Gas-MCF 83 est.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gas-MCF
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

George B. Judd
(Signature)
Manager - Drilling and Production
(Title)
December 20, 1979
(Date)

OIL CONSERVATION DIVISION
12-26-79
APPROVED DEC 26 1979
BY Original Signed by [Signature]
TITLE DEPUTY OIL CONSERVATION DIVISION

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.