

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

B.K.

DISTRIBUTION		
ANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator  
KENAI OIL AND GAS INC.

Address  
717 17th Street, Ste. 2000, Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<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. #2	Pool Name, Including Formation Nageezi/Callup	Kind of Lease State, <del>XXXXXXX</del>	Lease No. L-2986
Location Unit Letter <u>M</u> ; <u>950</u> Feet From The <u>South</u> Line and <u>980</u> Feet From The <u>West</u>				
Line of Section <u>32</u> Township <u>24North</u> Range <u>8West</u> , NMPM, <u>San Juan</u> 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"/> Inland Corp.	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 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 M	Sec. 32
	Twp. 24N	Range 8W
	Is gas actually connected? No	
	When 12/80 or 1/81	

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Surge Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/20/80	Date Compl. Ready to Prod. 10/15/80	Total Depth 5435'		P.B.T.D. 5435'				
Elevations (DF, RKB, RT, GR, etc.) 6942'GL; 6956'KB	Name of Producing Formation Callup	Top Oil/Gas Pay 5152-TD		Tubing Depth 5129.43'				
Perforations 5145'; 5179-80; 4242-43'; 5993-94; 5983-85'; 5976-79'; 5946-50'; 5920-23'; 5289,87,85,83,81,79; 5178,77,75,73,71,62,60,58'		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE Csg: 8-5/8"		DEPTH SET 310.31'		SACKS CEMENT 250 SXS			
7-7/8"	" 4-1/2"		5440.00'		1st Stage: 200 sxs.			
	Tbg: 2-3/8"		5129.48'KB		2nd Stage: 300 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 10/27/80	Date of Test 11/19/80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size 64/64
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 1	Gas-MCF 40

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.

George B. Judd  
(Signature)

Manager - Drilling and Production  
(Title)

December 1, 1980  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  
Original Signed by FRANK T. CHAVEZ  
BY  
SUPERVISOR DISTRICT # 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 multiple