

DISTRIBUTION

UNIT A FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Oil Conservation Commission

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**AMENDED REPORT

Form C-104

Supersedes Old C-104 and C-1

Effective 1-1-65

Operator

Kenai Oil & Gas., Inc.

Address

717 17th St., Suite 2000, Denver, Co 80202

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in title

Change in lease

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

State of New Mexico-36

Well No.

31

Lease Location

Lybrook Gallup Ext.

Kind of Lease

State, XXXXXXXXX

Lease No.

L-2986

Location

Unit Letter

B

340

Feet From The

North

2080

Feet From The

East

Line of Section

36

Township

24N

Range

8W

NMPM,

San Juan

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

X

or Casinghead Valve

Plateau, Inc.

Address (Give address to which approved copy of this form is to be sent)

4775 Indian School Rd., NE, Albuquerque, NM877

Name of Authorized Transporter of Casinghead Valve

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

C

36

24N

8W

Is it actually connected?

When

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

COMPLETION DATA

Designate Type of Completion -- (X)

New Well

Workover

Deepen

Plug Back

Same Res't.

Diff. Res't.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

F.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

Testing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

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.

(Signature)

Manager of Operations

(Title)

10/5/81

(Date)

OIL CONSERVATION COMMISSION

APPROVED

OCT 16 1981

Original Signed by CHARLES GHOLSON

BY

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

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