DISTRIBUTION ANTA FE ILE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

	AND AND AND AND AND AND AND AND			URAL GAS	
OPERATOR **AMENDED REPORT 1. PRORATION OFFICE					
	Kenai Oil & Gas, Inc. Address 717 17th St. Suite 2000 Panyon CO 20202				
	717 17th St., Suite 2000, Denver, CO 80202 Reason(s) for filing (Check proper box) Other (Please explain)				
	Change in true: e.tr				
	Recompletion Oil X Liy Dia Change in Ownership Casinghed i des				
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. 1. 1 1 1 1 1 1 1 1				
	State of New Mexico-36	21 Lybrook Ga			
	Location Unit Letter C : 59	O Feet From The North	.ne ana <u>2030</u> re		
	Line of Section 36 To	waship 24N Hange (BW , NMFM,	San Juan County	
3 11 .	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS		
	Name of Authorized Transporter of Oil X or Consens see Address 16 ive address to which approved copy of this form is to be sent) Plateau, Inc. 4775 Indian School Rd., NE, Albuquerque, NM 877 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Ca	singhead Gas 🗍 💍 . I ry Das 🗎	Address Give address to whi	ch approved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Sy. rige.	- Is assistally connected?	Whe:	
	give location of tanks.	C 36 24N 8W			
ŧV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
	Designate Type of Completi	on = (X) Off Wel. Gas Well	New Weil Workover De	epen Plug Back Same Resty. Diff. Resty.	
	Date Spudded	Date Compl. Ready to thed.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Lemante	· Tup C., This Pay	Tuhing Depth	
	Perforations				
				Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD		
	MOLE SILE	CASING & LOBING SIZE	DEPTH SET	SACKS CEMENT	
			1		
			1		
V.	TEST DATA AND REQUEST FOR ALLOWABLE. 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	Date of Test	Producing Method (Flow; pump	, gas lift, etc.)	
	Length of Test	Tubing Pressure	Cycling Presedute	Chake Stat 2 2 2 2 2 2 2	
	Actual Prod. During Test	Oil-Bbis,	Water-Bb.s.	Gall 67 7 1931	
			6 1981 Oct.	OIL CON. COM.	
	GAS WELL		KA COM.	DIST. 3	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Cor.densate/MMCF	Gravity & Condend to	
ļ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Л. ·	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
1	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 0CT 1,6 1981		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by CHARLES GHOLSON		
			TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3		
	1 xx1	1	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		
-	Styller (Signa	lure)			
_	Manager of Operations		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
	·	(Title) 10/5/81		able on new and recompleted wells.	
-	107 97 (Da:		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. Secreta Forms C-104 must be filed for each cool in multiply		