

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

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

I. Operator  
Kenai Oil & Gas Inc.  
Address  
717 17th St. Suite 2000 Denver, CO 80202  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Southern Union Refinery  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name State of New Mexico-36 Well No. 12 Pool Name, Including Formation Lybook - Gallup Kind of Lease XXXXXXXXX Lease No. L-2986  
Location  
Unit Letter E ; 1850 Feet From The North Line and 1120 Feet From The West  
Line of Section 36 Township 24N Range 8W , NMPM, County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Plateau, Inc. Address (Give address to which approved copy of this form is to be sent)  
4775 Indian School Rd. NE, Albuquerque, NM 87110  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Mesa Petroleum Co. Address (Give address to which approved copy of this form is to be sent)  
Box 2009, One Mesa Square, Amarillo, TX 79189  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. 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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.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

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure  
Actual Prod. During Test Oil-Bbls. Water-Bbls.  
GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF  
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

I. 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.  
Don M. Osmus  
(Signature)  
Manager of Production  
(Title)  
March 4, 1982  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED  
Original Signed by FRANK T. CHAVEZ  
BY  
TITLE SUPERVISOR DISTRICT 253  
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