NO. OF COPIES REC	EIVED	į	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

V.

DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
TRANSPORTER OIL GAS OPERATOR				
PRORATION OFFICE Operator				
Kenai Oil & Gas		60 00000		
1675 Larimer St Reason(s) for filing (Check proper box) New Well		CO 80202 Other (Please explain) Revision to re	eport date of gas	
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	s 📙 connection.		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	1 ease No.	
State of New Mexico			or Fee State 12986	
Unit Letter P; 89	O Feet From The South Line	e and 790 Feet From T	he <u>East</u>	
Line of Section 36 Tow	mship 24N Range 8	W , NMPM, San	Juan County	
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	CER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)	
Plateau Inc. Name of Authorized Transporter of Cas	inghead Gas 📉 or Dry Gas	4775 Indian School	NE Albq., New Mexico ed copy of this form is to be sent)	
Mesa Petroleum Co	mpany	Box 2009 Amarillo, TX.		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	Is gas actually connected? Whe	April 30, 1982	
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, a			
Designate Type of Completio	n - (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 Oll/Gas Pay	Tubing Depth	
Perforations		1	Depth Casing Shoe	
	T	CEMENTING RECORD	CASKS OFHERE	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST FOOIL WELL	OR ALLOWABLE (Test must be af able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
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	
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.		OIL CONSERVA APPROVED JUL 30	TION COMMISSION	
		BY Original Signed by FRANK T. CHAVEZ		
		TITLE SUPERVISOR DISTRICT # 3		
Dar G			compliance with RULE 1104.	
(Signa	iture)	If this is a request for allow well, this form must be accompartests taken on the well in accor	vable for a newly drilled or deepened nied by a tabulation of the deviation dance with RULE 111.	
Manager o (Tit	f Production		st be filled out completely for allow-	

July 28, 1982 (Date)

able 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.