

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

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-11
Effective 1-1-85



(N-5)

Operator Kenai Oil & Gas Inc.	
Address 717 17th St. Suite 2000 Denver CO 80202	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input type="checkbox"/>	CC <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Change in <input type="checkbox"/> <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State of New Mexico	Well No. 36-14	Pool Name, including Formation Lybrook - Gallup	Kind of Lease State, Federal or Fee	Lease No. L-2986
Location Unit Letter M ; 790 Feet From The South Line and 790 Feet From The West				
Line of Section 36 Township 24N Range 8W , NMPM, Court.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Southern Union Refining Co.	Address (Give address to which approved copy of this form is to be sent) 1800 First International Bldg. Dallas, TX 75270					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 M	Sec. 36	Twp. 24N	Rge. 8W	Is gas actually connected? No	When 3-1-82

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 12-29-81	Date Compl. Ready to Prod. 2-10-82		Total Depth 5700'		P.B.T.D. 5656'			
Elevations (DF, RKB, RT, GR, etc.) 6901' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5611'		Tubing Depth 5626'			
Perforations 5611, 5584'-88', 70-74', 40'-44', 26-20', 5494'-96', 82'-86', 73'-75', 63'-66', 54'-58', 46'-50', 32'-36', 14'-18', 5400'-5396', 5384'-88', 66'-76', 40'-44', 36-38, 24-28, 10-14, 5296-5300 TUBING, CASING, AND CEMENTING RECORD 5278-82', 60-64', 50-54'								
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8", 24# 4 1/2", 10.5# 2 3/8"		DEPTH SET 270' KB 5700' KB 5626'		SACKS CEMENT 200 SXS. 1070 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 test volume for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-2-82	Date of Test 2-8-82	Producing Method (Flow, pump, gas lift, etc.) Flow and Swab	
Length of Test 8 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 75 Bbls.	Oil-Bbls. 75 Bbls.	Water-Bbls. 0	Gas-MCF 50 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (lb/in ² -in)	Casing Pressure (lb/in ² -in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED _____, IS

Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS COMMISSIONER

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 dev. tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multiple.

Manager of Production

February 16, 1982