

COPIES RECEIVED	
DISTRIBUTION	
STATE	
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-110  
Effective 1-1-65

LS

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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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. 24	Pool Name, including Formation Lybrook-Gallup Ext	Kind of Lease State, XXXXXXXX	Lease No. L-2986
Location Unit Letter N ; 800 Feet From The South Line and 1850 Feet From The West 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mesa Petroleum Company	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 N	Sec. 36	Twp. 24N	Rge. 8W	Is gas actually connected? No	When Appx. 6-1-82

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-9-82	Date Compl. Ready to Prod. 2-20-82	Total Depth 5701' KB			P.B.T.D. 5669'			
Elevations (DF, RKB, RT, GR, etc.) GR 6800'	Name of Producing Formation Gallup		Top Oil/Gas Pay 5232'		Tubing Depth 5593'			
Perforations 5645, 27, 21, 5592-96, 86-91, 68-72, 56-62, 25-32, 16-20, 02-09, 5490-95, 77-84, 66-71, 58-64, 32-40, 14-20, 5394-5408, 5382-88, 70-75, 55-59, 24-32, 05-08, 5244-50, 32-38'					Depth Casing Shoe 5700'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	2 3/8", 4.7# tbq.		5609' 5593					
12 1/4"	8 5/8", 24# csq.		273' KB		200 sxs. class "B"			
7 7/8"	4 1/2", 9.5# csq.		5700' KB		900 700 sxs. 55-35 pozmix			

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 2-13-82	Date of Test 2-18-82	Producing Method (Flow, pump, gas lift, etc.) Swabbing, Flowing	
Length of Test 8 hrs.	Tubing Pressure 300	Casing Pressure 350	Choke Size
Actual Prod. During Test 48 BO	Oil-Bbls. 48 144	Water-Bbls.	Gas-MCF 50

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gas-MCF	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.

Donald M. Osmus

(Signature)

Manager of Production

(Title)

February 9, 1982

(Date)

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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 multiply completed wells.