

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
S.E.R.H., Inc.

Address
Box 312, Otis, Kansas 67565

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change Gas Trans: Petroleum Energy, Inc.
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	Add liquids Trans:
	<input checked="" type="checkbox"/> Dry Gas	Change well name from: Navajo 20 #1
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: Petroleum Energy, Inc., Box 2121, Durango, CO 81302

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Nation 20	Well No. 1	Pool Name, including Formation Beautiful Mtn. Mississippian	Kind of Lease State, Federal or Free Operating	Lease No. Agreement
Location				
Unit Letter 0 : 1190 Feet From The South Line and 2510 Feet From The East				
Line of Section 20 Township 27N Range 19W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> S.E.R.H., Inc.,	Address (Give address to which approved copy of this form is to be sent) Box 312, Otis, KS 67565
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
0 20 27N 19W	Yes 8/20/82

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED FEB 13 1987
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT 3

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.

AR Kendrick
(Signature)

Agent

(Title)

July 24, 1985

(Date)

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AUG 05 1985

OIL CON. DIV.
DIST. 3

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X			X			X
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
RE 8/6/82	8/12/82		5908			5895			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
5711 GR	Mississippian		5834			5628			
Perforations						Depth Casing Shoe			
Liner slots 5812-5875						5670			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		202		200 sx = 245 CuFt			
12 1/4		8 3/4		1202		630 sx = 743 CuFt			
7 7/8		5 1/2		5670		400 sx = 472 CuFt			
		Liner 278		5640-5875		N/A			

V. TEST DATA AND REQUEST FOR ALLOWANCE (Test must be at least recovery of total volume of load oil and must be equal to or exceed top allowable for this depth 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Actual Prod. T - 1 - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
225	24	0	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1400		