NO. OF COPIES RECEIVED				
SANTA FE /	· ·	CONSERVATION COMMISSION	Form C-104	
FILE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	ZRII HIVA	
LAND OFFICE	THE	AND ON OIL AND MAYORA	r swelly [N	
TRANSPORTER OIL		()\	dim a a	
OPERA OR		V2.	OIL CON COM	
I. PRC ON OFFICE		<b>\</b>	OIL CON CO.	
Operit			PIST 3	
	DGK CORPORATION			
Address	h29h 694 hama 644m 654m			
Reason(s) for filing (Check proper	4274 Oklahema City Okla	Other (Please explain)		
flew Well	Change in Transporter of:			
Recompletion	Oil Dry G	as Addrill	of well I-fl	
Change in Ownership	Casinghead Gas Conde	ensate		
If change of ownership give nam	ne			
and address of previous owner				
II. DESCRIPTION OF WELL A		ime, Including Formation		
Shiprock I	1X Shiprock Gal	ime, increasing Formation	State, Federator to the	
Location		act of Y 1 abitations	24 20 003 5030	
Unit Letter;		ost of I-1 which was ne and <u>2310</u> Feet Fr	om The Sunti	
			_	
Line of Section 17	Township Range	, NMPM,	County	
II. <u>DESIG</u> NATION OF TRANSP	ORTER OF OIL AND NATURAL GA	As		
Name of Authorized Transporter of	f Oil or Condensate	Address (Give address to which as	oproved copy of this form is to be sent)	
Rock Island Cil	& Refining Go	Farming ton		
Name of Authorized Transporter of	f Casinghead Gas or Dry Gas	Address (Give address to which ap	oproved copy of this form is to be sent)	
	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	I 17 27% 18W	200	I	
If this production is commingled	with that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA		-		
Designate Type of Compl		New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
7 8 67	fracked 5 1 68	1041		
900I <b>5182 GL</b>	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations	Galing sund	i stringere 89-104	98.3 Depth Casing Shoe	
I	l in epen hole @ 100°		36.5	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
7-26 7/8*	5 14 14 -	88. 88.5	circulated	
	2" tubing	98.03		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow	
OIL WELL	able for this de	epth or be for full 24 hours)		
Date First New Oil Run To Tanks 5 15 68	Date of Test 5/15/68	Producing Method (Flow, pump, ga	s lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 har	pemping	1020	none	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
24 1	nt + 297	2000	nono	
CAS WELL				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			o. Condensatio	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
I. CERTIFICATE OF COMPLIA	ANCE	OIL CONSER	VATION COMMISSION	
The sale of the sale of	I hereby certify that the rules and regulations of the Oil Owner of		APPROVED JUN 26 1968	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		By Original Signed by Emery C. Arnold		
	the best of my knowledge and belief.	BY Original Signed D	TOTAL DICT ME	
		TITLESI	JPERVISOR DIST. #3	
18 July		<del> </del>		
112 I Will		Inis form is to be filed.	in compliance with RULE 1104.	
	an	If this is a request for al	lowable for a newly drilled or deenange	
	Gignature)	well, this form must be accor	npanied by a tabulation of the deviation	
Fm 0 7 Stringer	ignature) r. Prod Supt	well, this form must be accome tests taken on the well in ac	npanied by a tabulation of the deviation cordance with RULE 111.	
Fm 0 7 Stringer	Gignature)	well, this form must be accome tests taken on the well in ac	npanied by a tabulation of the deviation cordance with RULE 111.  must be filled out completely for allow	
Fm 0 7 Stringer	ignature)  . Prod. Supt (Title)	well, this form must be accommended the tests taken on the well in accompleted able on new and recompleted Fill out Sections I, II,	npanied by a tabulation of the deviation cordance with RULE 111.  must be filled out completely for allow wells.  III, and VI only for changes of owner	
Fm 0 7 Stringer	ignature) r. Prod Supt	well, this form must be accommended the second tests taken on the well in accommendate on new and recompleted.  Fill out Sections I, II, well name or number, or transport.	must be filled out completely for allow-	