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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Succeeds Old C-104 and C-110
Effective 1-1-65

I. Operator
SHIPROCK OIL & GAS CORPORATION
Address
P.O. BOX 1367, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner Shiprock Corporation, Box 14274, Oklahoma City, Oklahoma

II. DESCRIPTION OF WELL AND LEASE
Lease Name SHIPROCK "L" Well No. 7 Pool Name, including Formation SHIPROCK GALLUP Kind of Lease NAVAJO Lease No. 14-20-603- 5036
Location
Unit Letter L : 1,980 Feet From The South Line and 495 Feet From The West
Line of Section 16 Township 29N Range 18W, NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
THRIFTWAY COMPANY P.O. BOX 1367, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
I 17 29N 18W NO

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

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
X
Date Spudded 5/4/61 Date Compl. Ready to Prod. 5/4/61 Total Depth 145' P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 5,183 GR Name of Producing Formation Gallup Top Oil/Gas Pay 119' Tubing Depth 124' Gr
Perforations 119' to 123', 128' to 129' and 133' to 135.5' Depth Casing Shoe 115'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
6 3/4" 5 1/2" 115' 6
4 3/4" 145'

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 top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks 5/5/61 Date of Test 5/6/61 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 Hrs. Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. 3 Water-Bbls. 0 Gas-MCF TSTM

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

VI. 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.
Pat Johnson (Signature)
And (Title)
2 May 77 (Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY Original Signed by R. R. Kendrick
TITLE REVENUE DIST. #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.