	r.		
NO. OF COPIES MEC	4		
DISTRIBUTION			
SANTA FE		1	
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	$\prod_{i=1}^{n}$	
OPERATOR			
PRORATION OFFICE		$\Gamma^{\prime}$	
Operator			
SHI	PROCK	01	<u></u> &

	SANTA FE /	REQUEST	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
	U.S.G.S.	AUTUODIZATION TO TO	AND	Ellective 1-1-85	
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	SAS N	
	IRANSPORTER OIL /	]		$\langle \mathcal{Y} / \mathcal{N} \rangle$	
	GAS	]		1/Q1/	
	OPERATOR /				
I.	PRORATION OFFICE ( )	<u> </u>			
	SHIPROCK OIL &	GAS CORPORATION"			
	P.O. BOX 1367,	Farmington, New Mexico	87401		
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)	Shiprock Navojo K # 2	
	Recompletion	Oil X Dry Ga	· pease for.	oneproce l'invego !	
	Change in Ownership X	Casinghead Gas Conden	neate 🔲		
	If change of ownership give name and address of previous owner	Shiprock Corporation	Property and the		
II.	I. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   1.				
	Shiprock K	37 Shiprock Ga		orNavajo 14-20-503-5036	
	Location	South		1444.10 11 10 500 0000	
	Unit Letter K ; 231	O Feet From The North Lin	e and 1650 Feet From T	rhe WEST	
	Line of Section 16 Tov	wnship 29N Range	18W , NMPM,	SAN JUAN County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s		
	Name of Authorized Transporter of Oil		Address (Give address to which approx	•	
	THRIFTWAY COMPANY		P.O. Box 1367, Farmington, New Mexico 874  Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	inghedd Gas or Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent;	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 16 29N 18W	Is gas actually connected? Whe	n .	
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
• • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completion	. ^ ;	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 167	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	May 20, 1977	Top Oil/Gas Pay	Tubing Depth	
	5,174' GR	Gallup		157'	
	Perforations 150' to 157'			Depth Casing Shoe	
	150 to 157	TIMING CACING AND	CENTAL DECOR	167'	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	815"	4½"	167 '		
		2"	157 '		
				1075 1875	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load of only plan or be for full 24 hours)	indimited by either took exceed top allow	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump ca) 48	f, etc.) 2 1977	
	May 20, 1977 Length of Test	May 20, 1977 Tubing Pressure	Pumping	1101 2	
•	-	Tubing Pressure	Casing Pressure	Choke Bize Chil	
	24 Hrs Actual Prod. During Test	Oil-Bble.	Water - Bble.	Gal MCF 3	
		2		TCEN	
	GAS WELL		1 2		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size	
W	CERTIF:CATE OF COMPLIAN	CE .	OU CONSERVA	TION COMMISSION	
V 5.	CERTIFICATE OF COMPETAN		gep 20 19	177	
	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.  (Signature)		OIL CONSERVATION COMMISSION APPROVED SEP 20 37		
			By Original Signed by A. R. Kendrick		
			SUPERVISOR DIG		
			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened		
least.		All sections of this form must be filled out completely for allow able on new and recompleted wells.			
		HE/		t be filed for each pool in multiply	
		<b>\</b>	completed wells.		