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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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

I. **Owner** **KING OIL COMPANY**

Address **Box 308, Aurora, Colorado 80010**

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	Navajo A	Well No., Pool Name, Including Formation	4 Salt Creek Dakota	Kind of Lease	State, Federal or Fee	Indian
Section						
Lot Letter	3351	Feet From The	Line and	Feet From The		
Line of Section	4	Township	30	Range	17	N.M.M., San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH LAND TRUCKING COMPANY AND CRUDE OIL COMPANY. THIS PURCHASE INCLUDES PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.	Address (Give address to which approved copy of this form is to be sent)	P.O.1528, Farmington, New Mexico 87401
Unit	Sec.	Typ.
30	17	
Is gas actually connected?		When

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

IV. COMPLETION DATA

Designate Type of Completion -- (A)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Started	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Foot	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Production	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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	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.	Gcs-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Partner

March 9, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 22 1965**, 19
Original Signed **Emory C. Arnold**
BY **Supervisor Dist. # 8**
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 Sections I, II, III, and VI only 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.