

5
DISTRIBUTION
ANTA FE
ILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PROPORTION OFFICE
2
1. Operator
Fast Enterprises
Address
P.O. Box 1200 Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well: ☐ Change: ☐
Recompletion: ☐ Well: ☐
Change in Ownership: ☒ (Please explain)
If change of ownership give name and address of previous owner: J.M. Gallaway Pet. Bldg. Farmington, New Mexico

NSA 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Deb	Kind of Lease	Navajo	14-2014-1905
Location	2-N Slick Rock Lakota	State, Federal or Fee	Iribal	603-2027
Unit Letter	F	360	South	690
Line of Section	36	30-N	12-N	San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	The Permian Corp.	Address: Give address to which approved copy of this form is to be sent	P.O. Box 1183 Houston Texas 77001
Name of Authorized Transporter of Gas	None	Address: Give address to which approved copy of this form is to be sent	
If well produces oil or liquids, give location of tanks.	I 36 30N 17E	Is gas actually connected?	When

If this production is commingled with that from another well, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (A)	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded	Date completed (to P.S.D.)	Total Depth	P.S.D.			
Elevations (DF, RKB, RT, CF, etc.)	Top of Pay	Tubing Depth				
Perforations	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 depth or be for full 24 hours

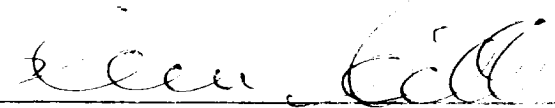
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Procedure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)
Owner
(Title)
2/25/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY ORIGIN _____
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 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 well in multiple