

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

OWNER	
DISTRIBUTION	
TRANSPORTER	
PRODUCTION OFFICE	

Overland Oil & Gas Corp.

3530 E. 30th Street Suite 108, Farmington, New Mexico 87401

Change in Ownership (Check proper box)

Other (Please explain)

Change in Transporter of:
Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

FAST 501 Airport Dr. Suite 110, Farmington, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	DEB	Well No., Pool Name, Including Formation	2x Slickrock Dakota	Kind of Lease	State, Federal or Fee	21-000-2027	Lease No.	
Location								
Unit Letter	P	360	Feet From The	South	Line and	690	Feet From The	East
Line of Section	36	Township	30N	Range	17W	NMCM, SanJuan	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil (Check proper box) <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
McDougald Oil Co. Inc.	P.O. Box 309, M. Lab, Utah 84532				
Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Unit	Sec.	Twp.	Rge.	Is gas actually transported?	When
P	36	30N	17W		

If gas is actually transported with that from any other lease or pool, give commingling order number

IV. COMPLETION DATA

Completion (X)	Date Compl. Ready to Prod.	Initial Test	DATE TESTED
Name of Producing Formation	Top Oil, Gas Pay	Tubing Depth	
Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLES	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 of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
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.

Frank T. Chavez
(Signature)

Operator-Operator
(Title)

August 1, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 20 1980, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT

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.