NO. OF COPIES RECE	EIVED	7			
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TRANSPORTER	OIL	/	<u> </u>		
TRANSFORTER	GAS	نيا	<u> </u>		
OPERATOR		4			
PRORATION OFFICE		Ľ			
Operator					
Rijan Oil Compa					
Address					
341 Korber Bldg					
Reason(s) for filing (Check proper box)					
New Well	<u>K</u>				
Recompletion	ompletion				
Change in Ownershi	p				

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

	FILE / U.S.G.S.	AS				
	TRANSPORTER OIL / GAS OPERATOR			MARIA		
Ι.,	Operator Rijan Oil Compar	ny. Inc.		RILLIVED		
	Address		co 8 <b>7101</b>	ADD 1 1968		
	341 Korber Bldg., Albuquerque, New Mexico 87101  Reason(s) for filing (Check proper box)  Other (Please explain)					
	New Well Recompletion	Change in Transporter of: Oil Dry Gas		DIST. 8		
	Change in Ownership	Casinghead Gas Condens	sate			
	If change of ownership give name and address of previous owner	ne				
II.	DESCRIPTION OF WELL AND L	Well No. Pool Name, including For		or Fee Navajo Indian		
	Rijan Location	#5 Slick Rock Dak	State, Federal	io. 14-20-0603-742		
	Unit Letter 2 : 2250 Feet From The Line and 210 Feet From The					
	Line of Section 31 Town	nship 30 N Range	16 W , NMPM, San Ju	an Co. New Mexico County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S	i di famina ha costi		
	Name of Authorized Transporter of Cil or Condensate Address to Market Approve the Address to Market Approve to Condensate Address to Market Approve to Condensate Or Conde					
	The Permir Corporation  1. 0. BOX 1702, FARMING COR. 1					
	If well produces oil or liquids, give location of tanks.	E 31 30 H 16		<sup>n</sup> X		
IV	If this production is commingled with COMPLETION DATA			Plug Back   Same Resty, Diff. Resty.		
	Designate Type of Completion		New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.		
	1	Date Compl. Ready to Prod. March 27, 1968	Total Depth 910	P.B.T.D. N <b>one</b>		
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 8751		
	Perforations			Depth Casing Shoe		
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	2=7/8"	9001	30 sks		
	2-3/8" 9001 - 9101					
		OR ALLOWARIE (Test must be ou	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
V	OIL WELL	T DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top al able for this depth or be for full 24 hours)  WELL  Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Cil Run To Tanks 3-27-68	7-68 Pumping		Choke Size		
	Length of Test 24 hr.	Tubing Pressure O lbs.	10' 1bs.	211		
	Actual Prod. During Test	011-Bbls. 26	Water-Bbls.	Gas-MCF TSM		
	<b>38</b> 38	20 26				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	None Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
<b>3</b> 71	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APR 1 1968			
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.		ABBBOVED				
		Original Signed by Emery C. Arnold Supervisor 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 the form rule be accompanied by a tabulation of the deviation				
					Geologist (Signature)	
(Title) March 28, 1968		able on new and recompleted wells.				
	(Date)		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.			