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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

Overland Oil & Gas Corp.
Address
3539 E. 30th Street Suite 108, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner FAST 501 Airport Sr. Suite 110, Farmington, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Well Name	DEB	Section	18	Location	Slickrock Dakota	Lease No.		
Location	State, Federal or Fee						12-000-2027	
Unit Letter	P	510	Feet From The	South	Line and	420	Feet From The	East
Line of Section	36	Township	30N	Range	17W	NMCM	San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	McDougal Oil Co. Inc.	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 309, Moab, 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 Letter	P	Section	36	Township	30N	Range	17W

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Perforations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas 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 for this depth or be for full 24 hours)

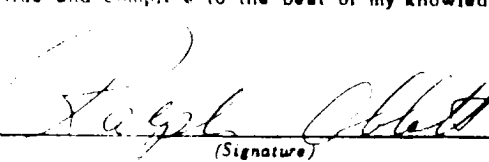
Flow Rate New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Flow Rate Test	Tubing Pressure	Casing Pressure	Choke Size
Allowable Flow Rate	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Test Method (Flow, pump, etc.)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (Flow, pump, etc.)	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)
Operator
(Title)
August 1, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 22 1980
Original Signed by FRANK T. CHAVEZ
BY
TITLE SUPERVISOR INS. #1

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.