SA FI U. LA TF OF Add	DISTRIBUTION NTA FE LE S.G.S. AND OFFICE RANSPORTER GAS PERATOR RORATION OFFICE erator RIJAN OIL COMPANY dress 900 Bank of New Mo ason(s) for filing (Check proper box) w Well completion ange in Ownership change of ownership give name address of previous owner	REQUEST FO	Other (Please explain)	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS OIL: CON. COM. DIST. 3
II. DE	SCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation Kind of Lease	Federal in a content the
Le	rase Name Rijan	9 Slick Rock Peo		or Fee Nevajo
Lo	pocation F 2400	North	960 Feet From T	Yest .
	Unit Letter;	reet From the	West San	Juan County
Line of Section 31 Township 30 North Range 16 West , NMPM, San Juan				County
N	Name of Authorized Transporter of Casinghead Gas or Dry Gas Name of Authorized Transporter of Casinghead Gas or Dry Gas Name		Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)	
	well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected? Who	en
gi	ive location of tanks.	T 31 30N 16W that from any other lease or pool, g		
D	OMPLETION DATA Designate Type of Completion ate Spudded 7-13-70 levations (DF, RKB, RT, GR, etc., 5092 GR Perforations	7-18-70 Name of Producing Formation Dakota	New Well Workover Deepen Total Depth 893.5* Top Oil/Gas Pay 890*	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. 893.5 Tubing Depth 562 Depth Casing Shoe 883
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9-5/8"	7-5/8"	30* 883*	55 sx reg cement, circ.
	6-1/4"	4-1/2**	562' w/perf 4'	jt and bull plug on bottom
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excaple for this depth or be for full 24 hours)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
_	7-18-70	7-19-70 Tubing Pressure	Casing Pressure	Choke Size
I	ength of Test	10#	COF	Gas-MCF
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	TSIN
_				
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D			10) 1. 2(
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION JUL 28 1970
	i de la companya de		1	
	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)		Original Signed by Emery C. Arnold SUPERVISOR DIST. #3	
			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 that is a request for allowable for a newly drilled or deepened to the accompanied by a tabulation of the deviation	
	Geolog		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
-	(Ť	itle)		
7–37–70 (Date)			well name or number, or transp	orter, or other such change of condition. ust be filed for each pool in multiply