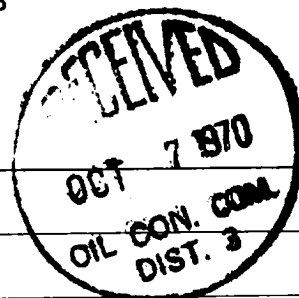


NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		✓
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		
PRORATION OFFICE		

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



I. Operator **Rijan Oil Company, Inc.**
Address **900 Bank of New Mexico Building, Albuquerque, New Mexico 87101**
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rijan	Well No. 11	Pool Name, including Formation Slick Rock Pool <i>sub.</i>	Kind of Lease LEASE (Navajo)	Lease No. No. 14 20 0603 742
Location Unit Letter E : 2475' Feet From The North Line and 660' Feet From The West Line of Section 31 Township 30 North Range 16 West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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.	Unit F	Sec. 31	Twp. 30N	Rge. 16W	Is gas actually connected? No gas	When

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 9/18/70	Date Compl. Ready to Prod. 10/4/70		Total Depth 895'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.,) 5094' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 889'		Tubing Depth 814'			
Perforations None					Depth Casing Shoe 842'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-5/8"	7-5/8"		30'		15 sz			
5-3/4"	4-1/2"		842'		60 sz, circulated			
2-3/8"	2-3/8"		814' w/4' perf		jt & bull plug			

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 First New Oil Run To Tanks 10/4/70	Date of Test 10/4/70	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 9#	Casing Pressure 9#	Choke Size 2"
Actual Prod. During Test 66 bbls	Oil - Bbls. 66	Water - Bbls. None	Gas - MCF None

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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)

Geologist

(Title)

10/5/70

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 7 1970**, 19

BY **Original Signed by Emery C. Arnold**

TITLE **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 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.