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DISTRIBUTION			Ľ
SANTA FE		1	L
FILE		1	-
u.s.g.s.		<u> </u>	
LAND OFFICE		İ	1
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
PRORATION OF	FICE	1	

-	DISTRIBUTION SANTA FE FILE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
ŀ	LAND OFFICE IRANSPORTER GAS	AUTHORIZATION TO TRAN	SPORT OIL AND NATUR	AL GAS		
ŀ	OPERATOR /					
1.	PRORATION OFFICE Operator			10		
	RIJAN OIL COMPANY,	INC.	. New Mexico 8710			
	Address 900 Bank of New Mex	ico Bullding, Albuquerqu		NOVO		
	Reason(s) for filing (Check proper box)	The second of	Other (Please explain) (NUV 2 0 1970)		
	New Well Recompletion	Change in Transporter of: Oil Dry Gas		OIL CON. COM.		
	Change in Ownership	Casinghead Gas Condens	ate	DIST. 3		
•	If change of ownership give name and address of previous owner			-		
II.	DESCRIPTION OF WELL AND L Lease Name Rijan	EASE Well No. Pool Name, Including Fo Slick Rock Dak	rmation Kind o State,	Federal or Fee Navajo 14-20=0603-742		
	Location L 247	South	1135	West From The		
	Unit Letter;	Feet From TheLine	andFeet	San Juan		
	Line of Section 31 Town	30 MOT ATT	, NMPM,	County		
•••	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	() · (· · · · · · · · · · · · · · · ·		
111.	Transporter of Oil	or Condensate	Farmington, New N	h approved copy of this form is to be sent)		
	The Permian Corpo		Address (Give address to which	ddress (Give address to which approved copy of this form is to be sent)		
	None None		t and a studies connected?	When		
	If well produces oil or liquids, give location of tanks.	E 31 30N 16W	Is aga actually connected? No Gas give commingling order numb			
IV	If this production is commingled with COMPLETION DATA					
	Designate Type of Completio	011 11011	New Well Workover Dee			
	Date Spudded 10-11-70	Date Compl. Ready to Prod.	Total Depth 901	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.) 5096 GR	Name of Producing Formation Dakota	Top Oil/Gas 187	Tub 578 ppth		
	Perforations None			Dep & Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	30 ex SACKS CEMENTAL		
	9-5/8 " 6-1/4 "	4-1/2"	8531	60 sx, circlated		
	0-1/4					
		OD AT TOWARD F. (Test must be	ofter recovery of total volume of	load oil and must be equal to or exceed top allow-		
V. TEST DATA AND REQUEST FOR ALLOWABLE OII. WEIL Date of Feel 5.70 Other Formula of total volume of load out and must be equal to of executive able for this depth or be for full 24 hours) Producin Prints Fow, pump, gas lift, etc.)						
	Date First New Cl. 5-70° Tanks	Date of 11-15-70	Productifumping			
	Length of Test hrs	Tubing Pressure	Casing Program	Choi2 16120		
		O(1-Bb)s. 50	Water - Bbls35	Gas PSTM		
	Actual Prod. Buring 101	On-Bala. 50				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
•	VI. CERTIFICATE OF COMPLIAN	CE	OIL CON	SERVATION COMMISSION		
,			APPROVED NOV 2	APPROVED NOV 2 0 1970 , 19		
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.		o : -i-al Sign	By Original Signed by Emery C. Arnold			
		TITLE SUPERVISOR	R DIST. #≎			
			This form is to be	This form is to be filed in compliance with RULE 1104.		
M BLY H		If this is a request for allowable for a newly drilled or despense				
	1018. Alle	naturey	well, the form must be according with RULE 111.			
	Geologis	st	- All stations of the	All sections of this form must be filled out completely to all the able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner, the complete of transporter, or other such change of condition.		
		r 19, 1970	Fill out only Sect			
(Date)		Separate Forms C	well name or number, or transporter, or other address. Separate Forms C-104 must be filed for each pool in multiply			