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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION 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 1-1-85

I. Operator  
**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 **C.S.T. 501 Airport Dr. Suite 110, Farmington, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Navajo Tribal</b>	Well No. <b>13</b>	Pool Name, Including Formation <b>Slickrock Dakota</b>	Kind of Lease State, Federal or Fee <b>14-20-603-742</b>	Lease No.
Location Unit Letter <b>L</b> <b>2475</b> Feet From The <b>South</b> line and <b>1153</b> Feet From The <b>West</b> Section <b>31</b> Township <b>30N</b> Range <b>16W</b> , NMFM, <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter (Check proper box) <input checked="" type="checkbox"/> Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>McDonough Oil Co. Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 309, Moab, Utah 84532</b>			
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 <b>31</b>	Sec. <b>30N</b>	Twp. <b>16W</b>	Is gas actually connected? <input type="checkbox"/>	When

If this pool 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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DE, 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 oil well for this depth or be for full 24 hours)

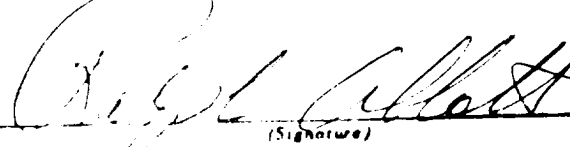
Test Interval (From To Tanks)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test (MCF)	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Testing 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)  
**Owner-Operator**  
(Title)  
**August 1, 1980**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 8 1980**, 19  
Original Signed by **FRANK T. CHAVEZ**  
BY  
TITLE **SUPERVISOR DISTRICT #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 drilled 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 multiple completed wells.