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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

Operator <b>RIJAN OIL COMPANY, INC.</b>	
Address <b>900 Bank of New Mexico Building, Albuquerque, New Mexico 87101</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				
Lease Name <b>Rijan</b>	Well No. <b>13</b>	Pool Name, Including Formation <b>Slick Rock Dakota</b>	Kind of Lease State, Federal or Fee	<b>Navajo 14-20-0603-74</b>
Location <b>L</b>	<b>2475'</b>	<b>South</b>	<b>1135</b>	<b>West</b>
Unit Letter <b>31</b>	Feet From The <b>30 North</b>	Line and <b>16 West</b>	Feet From The <b>San Juan</b>	County
Line of Section	Township	Range	NMPM,	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Farmington, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	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 <b>E</b>	Sec <b>31</b>	Twp. <b>30N</b>	Range <b>16W</b>	Is gas actually connected? <b>No Gas</b>	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 type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded <b>10-11-70</b>	Date Compl. Ready to Prod. <b>11-15-70</b>	Total Depth <b>901'</b>	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) <b>5096' GR</b>	Name of Producing Formation <b>Dakota</b>	Top Oil/Gas Dry <b>898'</b>	Tubing Depth <b>878'</b>					
Perforations <b>None</b>	Dep. Casing Shoe <b>853'</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>9-5/8"</b> <b>6-1/4"</b>	CASING & TUBING SIZE <b>7-5/8"</b> <b>4-1/2"</b>		DEPTH SET <b>44'</b> <b>853'</b>		SACKS CEMENT <b>30 ex, circulated</b> <b>60 ex, circulated</b>			

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 <b>11-15-70</b>	Date of Test <b>11-15-70</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>0#</b>	Casing Pressure <b>20#</b>	Choke Size <b>2 1/2"</b>
Actual Prod. During Test <b>85 bbls</b>	Oil - Bbls. <b>50</b>	Water - Bbls. <b>35</b>	Gas - TSTM

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

OIL CONSERVATION COMMISSION

APPROVED **NOV 20 1970**

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

TITLE **SUPERVISOR DIST. #0**

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 completion of the completion tests on the well in accordance with RULE 1104.

All sections of this form must be filled out completely for all wells 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

*[Signature]*  
Geologist

November 19, 1970  
(Date)