

NEW OIL CONSERVATION COMMISSION
REQUEST FOR OIL AND NATURAL GAS
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 104
Oil and Natural Gas Conservation Commission
11-1-1981

| | |
|-------------------|--|
| UNIT NO. | |
| OFFICE | |
| TRANSPORTED TO | |
| OPERATOR | |
| PRODUCTION OFFICE | |

| | |
|--|--|
| Operator OVERLAND OIL & GAS CORP. | |
| Address 3539 E. 30th Street Suite 108, Farmington, New Mexico 87401 | |
| Reason(s) for change of transporter (Check one) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> alternative transporter | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|---|-----------------------------------|
| Lease Name NAVAJO TRIBAL | Well No. 13 | Pool Name, including Formation Slickrock Dakota | Kind of Lease State, Federal or Fee 14-20-603-742 | Lease No. 14-20-603-742 |
| Location Unit Letter L : 2475 Feet From The South Line and 1153 1155 Feet From The West Line of Section 31 Township 30N Range 16W , NMFM, 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"/> Inland Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, N.M. 87401 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Mc Dougald Oil Co. | Address (Give address to which approved copy of this form is to be sent) Box 309 Moab, Utah 84532 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit L | Sec. 31 | Twp. 30N | Rge. 16W | Is gas actually connected? No | 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) | 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 (DF, 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 allowable for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run 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/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.

Charles Gholson
(Signature)
Operator
(Title)
June 15, 1982
(Date)

OIL CONSERVATION COMMISSION
JUN 16 1982

APPROVED _____, 19____
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, 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.