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LAND OFFICE	
TRANSPORTER	OIL
	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**  
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:  only Casinghead Gas  Condensate  Other (Please explain):  
If change of ownership give name and address of previous owner: C.S.T. 501 Airport Dr. Suite 100, Farmington, New Mexico

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: Narajo Tribal Well No.: 35 Pool Name, including Formation: Slick Rock Dakota Kind of Lease: State, Federal or Fee Lease No.: 14-20-603-742  
Location: Unit Letter PF; 2570 Feet From The North Line and 1390 Feet From The West Line of Section 31 Township 30N Range 16W, NMPM, San Juan County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
Mc Dougal Oil Co. Inc. Address (Give address to which approved copy of this form is to be sent): P.O. Box 309, Moab, Utah 84532  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
If well produces oil, condensate, give in order of priority: Unit E Sec. 31 Twp. 30N Rge. 16W Is gas actually conserved?  When:

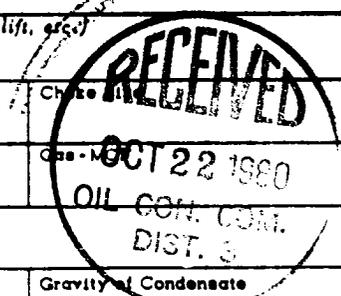
If this production is commingled with that from any other lease or pool, give commingling order number:

**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 (DE, FKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 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.

Frank Chavez  
(Signature)  
Operator  
(Title)  
August 1, 1980  
(Date)

**OIL CONSERVATION COMMISSION**  
**APPROVED** OCT 24 1980, 19\_\_\_\_  
**BY** Original Signed by FRANK T. CHAVEZ  
**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 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.