

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR  
Operator  
Noarko Resources, Inc.

Address  
1206 East 20th Street, Farmington, N. M. 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Aztec Energy Corporation, 1206 East 20th Street, Farmington, N. M. 8740

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stock Well No. 1 Pool Name, Including Formation *East 20th*  
~~Undesignated~~ Gallup Kind of Lease Fee Fee Lease No.

Location  
Unit Letter J ; 2150 Feet From The South Line and 2310 Feet From The East  
Line of Section 36 Township 30 North Range 16 West , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
Giant Refining Corporation P. O. Box 256, Farmington, N.M. 87499

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  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 J Sec. 36 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

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 all-able 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

Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

DEC - 5 1983

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

NOARKO RESOURCES, INC.

*Ronnie W. Allen*  
Ronnie W. Allen (Signature)  
Geologist (Title)  
November 30, 1983 (Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]* 19  
BY *[Signature]*  
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 deepen well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all able on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in multy completed wells.