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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>ENGINEERING &amp; PRODUCTION SERVICE, INC.</b>	
Address <b>P. O. Box 190, Farmington, New Mexico 87401</b>	
Reason(s) for filing (Check proper box. Other (Please explain))	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **ASSOCIATED ROYALTY CO.; 1105 United Bank Center, Denver, Colo. 80202**

DESCRIPTION OF WELL AND LEASE	
Lease Name <b>Navajo Tribe of Indians "F"</b>	Well No., Pool Name, Including Formation <b>115 Horseshoe Gallup</b>
Kind of Lease <b>Federal</b>	Lease No. <b>14-20-603-2034</b>
Location	
Unit Letter <b>J</b>	1980 Feet From The <b>south</b> Line and 1980 Feet From The <b>east</b>
Line of Section <b>9</b>	Township <b>31N</b> Range <b>17W</b> N.M.M., <b>San Juan</b> County

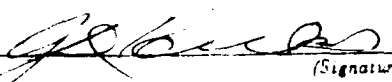
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bx. 1588; Farmington, New Mexico 87401</b>
Name of Authorized 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)
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>
	Sec. <b>10</b>
	Twp. <b>31</b>
	Rge. <b>17</b>
	Is gas actually collected? When

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input checked="" 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 Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Elevations (DF, P.B.R, RT, GR, etc.,)	Name of Producing Formation
Top Oil Gas Prod.	Tubing Depth
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	SACKS CEMENT

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 (pilot, back pr.)	Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)	Choke Size

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.	
	<b>J. D. Hicks</b>
(Signature)	<b>President</b>
<b>Engineering &amp; Production Service, Inc.</b>	
(Title)	
<b>1-30-75</b>	
(Date)	

OIL CONSERVATION COMMISSION	
<b>FEB 6 1974</b>	
APPROVED _____, 19____	
BY <b>Original Signed by Emery C. Arnold</b>	
SUPERVISOR DIST. #	
TITLE _____	
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	