| ر در المسلم الفريق المسلم                        | - <del>-</del> -1                                 |  |  | /  |
|--|---|--|--|--|
| DISTRIBUTION   | NEW MEXICO OIL                                    | CONSERVATION COMMIS  | SION   |  |
| SANTA FE   |   | FOR ALLOWABLE  | Supe   | n C-104<br>ersedes Old C-104 and C-11            |
| FILE /   |   | AND  | Effe   | ctive 1-1-65                                     |
| LAND OFFICE  | AUTHORIZATION TO TR                               | ANSPORT OIL AND NA   | TURAL GAS  |  |
| IRANSPORTER CIL  |   |  |  |  |
| 5 - 5  |   |  |  |  |
| PROPATION OFFICE   | <del></del>                                       |  |  |  |
| Operator   |   |  |  |  |
| ENGINEERINO<br>Address   | G & PRODUCTION SERVICE                            | , INC.   | · · · · · · · · · · · · · · · · · · ·              | <del></del>                                      |
| P. O. Box 1  | 190, Farmington, New M                            | exico 87401  |  |  |
| Reason(s) for bling to be k croper   | 50.   | Ster Mease e   | eplain)  |  |
| New Well Recommention  | Change in Transporter on:                         |  |  |  |
| Change Ownership   | Casinghead Gas Conde                              | <b>==</b> :  |  |  |
| change of ownership give nam   | I.P.  |  |  |  |
| nd address of previous owner_  | ASSOCIATED ROYALTY C                              | 0.; 1105 Unite   | d Bank Center                                      |  |
| ESCRIPTION OF WELL AN  | ND LEASF  |  |  | 80202  |
| <sup>Lease Name</sup> Navajo Tri<br>of Indians "F"   | be Vell No. Fool Name, Including to 116 Horseshoe |  | ind of Lease<br>ate, Federal or Fee <b>Fed</b>     | era1 $1\frac{4-200}{2034}$                       |
| ccation  | not sestice                                       | Gallup   | . Ne, 1 boerd, St 1 ce 1 Cd                        | 2034   |
| Unit Letter H ; 1  | 980 Feet From The north Lin                       | ne and660  | Feet From The <u>ea</u>                            | st   |
|  |   |  |  |  |
| Line of Section 10   | Township 31N Range                                | 17W , NMPM.  | San Juan   | County   |
|  | ORTER OF OIL AND NATURAL GA                       |  |  |  |
| None of Authorized Transporter of Shell Pipeline Co  |   | Andress (Give address to a                                 |  | •  |
| Name of Authorized Transporter of  | •   | Bx. 1588, Far  | mington, New which approved copy of this           | Mexico 87401 s form is to be sent)               |
| ,  |   | 1<br>1   | •            | ,  |
| If well produces cil or !iquids,   | Unit Sec. Twp. Ege.                               | is gas actually connected?                                 | When   | <del></del>                                      |
| give location of tanks.  | F 10 31 17  | !  |  |  |
| this production is commingled COMPLETION DATA  | with that from any other lease or pool,           | give commingling order no                                  | ımber:   |  |
| Designate Type of Comple   |   | Flew Well Workover   | Deepen Plug Back                                   | Same Restv. Diff. Restv.                         |
| Date Spudded   | Date Compi. Ready to Prod.                        | Total Depth  | P.B.T.D.   |  |
| one spaced   |   |  |  |  |
| Elevations (DF, RKE, RT, GR, etc   | Name of Freducing Formation                       | Top Oil Das Pay  | Tubing Depth                                       | 1  |
|  |   | 45   | Depth Casino                                       | y Shoe   |
| Perforations   |   |  | Deptir Cusino                                      | , 31100  |
|  | TUBING, CASING, ANI                               | CEMENTING RECORD   | Et Low 1   |  |
| HOLE SIZE  | CASING & TUBING SIZE                              | DEPTHSET   | THE SAC  | CKS CEMENT                                       |
|  |   | 18   | Color Barrer                                       |  |
|  |   |  |  |  |
|  |   |  |  |  |
| EST DATA AND REQUEST   | FOR ALLOWABLE (Test must be a able for this de    | fter recovery of total volume pth or be for full 24 hours) | of load oil and must be equ                        | ual to or exceed top allow-                      |
| OII. WELL THE CERT NEW TELEFOR TO TORKS  | Date of Test                                      | Producing Mothes (Flow, p                                  | ump, gas lift, etc.)                               |  |
|  |   |  |  |  |
| ength of Tee   | Tuking Pressure                                   | Casing Pressure  | Choke Size   |  |
| Notual Proal During Test   | Cil-Sbis.   | Water-Bris.  | Gas-MCF  |  |
|  |   | :  |  |  |
|  |   |  |  |  |
| AS WELL ASSAULT Prod. Test-MCF/D   | Length of Test                                    | Bbis. Condensate/MMCF                                      | Gravity of Co                                      | indensate  |
|  |   | 1  |  |  |
| esting Method (pitot, back pr.)  | Tubing Pressure (Shut-in)                         | Casing Pressure (Shut-in                                   | Choke Size   |  |
|  |   | 01: 60   | NEEDVATION COM                                     |  |
| ERTIFICATE OF COMPLIA  | INCE  | OIL CO   | NSERVATION COM                                     | FEB 6 1974                                       |
| hereby certify that the rules an   | d regulations of the Oil Conservation             | APPROVED   |  | , 19   |
| Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |   | By Original Signed by Emery C. Arnold                      |  |  |
| was and semples to   | •   |  |  | SOR DIST. #3                                     |
|  |   | TITLE  |  |  |
| Mores  | J. D. Hicks                                       |  | filed in compliance with for allowable for a new   |  |
| (Si  | enarue, President                                 | well, this form must be                                    | accompanied by a tabu<br>1 in accordance with R    | lation of the deviation                          |
| Engineering & Proc   | duction Service, Inc.                             |  | in accordance with Ri<br>s form must be filled ou  |  |
| (  | (Title)   | able on new and recon                                      | pleted wells.                                      |  |
|  | 0-75<br>(Date)                                    | Fill out only Sec<br>well name or number, or               | tions I, II, III, and VI transporter, or other suc | for changes of owner,<br>th change of condition. |
| •  | - '-  | !!   |  |  |

weil name or number, or transporter, or other such change of Separate Forms C-104 must be filed for each pool in multiply completed wells.