

## TO TRANSPORT OIL AND NATURAL GAS

Operator Harrison Petroleum 37453		Well API No. 30-045-11234
Address P. O. Box 352, Shiprock, NM., 87420		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Change of Operator
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator A.P.A. Development, Inc., Box 215, Cortez, Co., 81321		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 14160	Well No. 4	Pool Name, Including Formation Many Rocks Gallup 44690	Kind of Lease NAVAJO State, Federal or Fee	Lease No. 14-20-603-5012
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 27 Township 32N Range 17W, NMPM, San Juan County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate Gary Williams, Energy Corp. 0000110	Address (Give address to which approved copy of this form is to be sent) 89 Rd., Blmfld., NM., 87413	
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)	
None		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 27
	Twp. 32N	Rge. 17W
Is gas actually connected?		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			
JAN 31 1994								
OIL CON. DIV. 1								
DIST. 3								

## 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 Tank	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. OPERATOR 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.

Signature Leo J. Harrison, Sr.  
 Printed Name Leo J. HARRISON, Sr.  
 Date 1-26-94 Title 368-5137  
 Telephone No.

## OIL CONSERVATION DIVISION

Date Approved JAN 31 1994  
 By [Signature]  
 Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

# TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Harrison Petroleum 37453</b>		Well API No. <b>30-045-11234</b>
Address <b>P. O. Box 352, Shiprock, NM., 87420</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator		<input checked="" type="checkbox"/> Other (Please explain) Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate Change of Operator
If change of operator give name and address of previous operator <b>A.P.A. Development, Inc., Box 215, Cortez, Co., 81321</b>		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Navajo 14160</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Many Rocks Gallup 44690</b>	Kind of Lease NAVAJO State, Federal or Fee	Lease No. <b>14-20-603-5012</b>
Location Unit Letter <b>P</b> : <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>27</b> Township <b>32N</b> Range <b>17W</b> , <b>NMPM</b> , <b>San Juan</b> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <b>Gary Williams, Energy Corp. 000011-0</b>	Address (Give address to which approved copy of this form is to be sent) <b>89 Rd., Blmfld., NM., 87413</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <td>Unit <b>P</b></td> <td>Sec. <b>27</b></td> <td>Twp. <b>32N</b></td> <td>Rge. <b>17W</b></td> </tr> </table>	Unit <b>P</b>	Sec. <b>27</b>	Twp. <b>32N</b>	Rge. <b>17W</b>
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Is gas actually connected? When ?					

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**RECEIVED**  
**JAN 31 1994**  
**OIL CON. DIV**  
**DIST. 3**

## 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 Tank	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

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

## VI. OPERATOR 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.

Signature **Leo J. Harrison, Sr.**  
 Printed Name **Leo J. HARRISON, Sr.**  
 Date **1-26-94** Title **368-5137**  
 Telephone No.

## OIL CONSERVATION DIVISION

Date Approved **JAN 31 1994**  
 By **[Signature]**  
 Title **SUPERVISOR DISTRICT #3**

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