NO. OF COPIES RECEIVED		U	
DISTRIBUTION			
SANTA FE		1	
FILE		I	
U.S.G.S.		,	
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR			

1 1 1 1	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
- -	TRANSPORTER OIL / GAS OPERATOR / PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA			
•	Operator  Novembra Palmas Oil and Gas Co., Inc.					
-	Address	roleum Luu.				
1	1570 Elveden House- Calgary, Alberta, Canada  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:					
	Recompletion Oil Dry Gas Change in Ownership X Casinghead Gas Condensate					
ê	If change of ownership give name (and address of previous owner					
II. J	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	primation Kind of Lease	Lease No.		
	Navajo Location	8 Many Rocks-	Gallup State, Federal	cr Fee Federal 14-20-603-		
		O Feet From The North Line	e and 920 Feet From T	west		
	Line of Section 27 Tow	viship 32N Range 17	W , NMPM, San Jua	County		
m.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which approve	ed copy of this form is to be sent)		
	Shell Oll Compony	PIPELINE CORP	Boxx 1200 Farmingt	on. New Mexico		
	Name of Authorized Transporter of Cas		Address (Give address to which approve states of the state			
	If well produces oil or liquids, give location of tanks.	E 27 32 17				
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio		New Well workover Deepen	Plug Bdck 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					
	HOLE SIZE	ORDING & TODING STATE				
		ALLOWARY C.	fter recovery of total volume of load oil a	and arrest he consults on exceed top allows		
	TEST DATA AND REQUEST FOOL WELL	able for this de	pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift			
	Date First New Oil Run To Tanks	Date of Test Tubing Pressure	Casing Pressure	Choix Sia		
	Length of Test			Gal-MCE 11 4 19711		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	OIL CON. COM.		
GAS WELL				DIST. 3		
	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.	CERTIFICATE OF COMPLIANO	CE		TION COMMISSION		
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.		BYOriginal Signed by Emery C. Arnold				
Billing Colonia (Signature)			TITLESUPE	RUISCR DIST. #8		
			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.			
						Agent