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| SANTA FE | | | | |
| FILE | | 7 | _ | |
| U.S.G.S. | | | | |
| LAND OFFICE | | | | |
| IRANSPORTER | OIL | T | | |
| | GAS | | | |
| OPERATOR | | 1 | | |
| PRORATION OFFICE | | | | |
| Operator | | | | |
| Address | | | | |
| Reason(s) for filing New Well | (Check | prope | r be | |

| 1 L | DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE | REQUEST F | INSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL O | Form C-104 / Supersedes Old C-104 and C-110 Effective 1-1-65 | | |
|--|--|--|--|--|--|--|
| 1. | OPERATOR OFFICE OPERATOR OPERATOR OPERATOR OPERATOR OPERATOR OPERATOR | | | | | |
| | Address | nes P. Woosley | | | | |
| | eason(s) for filing (Check proper box) ew We!1 Change in Transporter of: | | | | | |
| | Recompletion Change in Ownership | Casinghead Gas Condens | | | | |
| 1 | If change of ownership give name | | 06 4ma | - 4 minutes a 1917 XO | | |
| | and address of previous owner | Murphy Oil Corp., 200 J | allerson ave., El Dorad | C, ATRABAS III, AI | | |
| 11. | DESCRIPTION OF WELL AND I | Well No. Pool Name, Including Fo | rmation Kind of Leas | - | | |
| | Lease Name Navajo AA | 13 North Many Ro | State, Federa | or Fee Indian | | |
| | Location | ** | 2340 Foot From | The Rest | | |
| | Unit Letter B : 330 | Feet From The North Line | and 2010 Feet from | The REE | | |
| | Line of Section 20 Tow | mship 32N Range 17W | , NMPM, San Ju | county County | | |
| 311 | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | s | | | |
| 111. | Name of Authorized Transporter of Oil | or Condensate | Address Othe dates to which appro | | | |
| | Name of Authorized Transporter of Cas | Shell Pipeline Co. | P.O. Box 1588. Farmaine Address (Give address to which appro | ived copy of this form is to be sent) | | |
| | | | Is gas actually connected? W | nen | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | | | | |
| | | th that from any other lease or pool, | give commingling order number: | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | | |
| | Designate Type of Completic | | | P.B.T.D. | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | |
| | 5 - 31 - 61 Elevations (DF, RKB, RT, GR, etc.) | 7 - 17 - 54 Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | 5629 .41 GL | Lower Gallup | 136:1 | Depth Casing Shoe | | |
| | Perforations | | | 11/101 | | |
| | Notches 137/1 and | TUBING, CASING, AND | CEMENTING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | 24.501 | SACKS CEMENT | | |
| | 9" | 7" | | | | |
| | 64 | 41.11 | 1411* | 35 Sx | | |
| | TATA AND DECLIFET F | OP ALLOWARIE (Test must be a | ifter recovery of total volume of load oi | l and must be equal to or exceed top allow- | | |
| V | able for this depth or be for full 24 hours) | | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Frondering Married (1 1984) Party | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| | Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas-MCP | | |
| | Actual Prod. During 1001 | | | a year on a Section | | |
| | | | | MAN 27 1970 | | |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate COM. | | |
| | | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size DIST. 3 | | |
| | Testing Method (pitot, back pr.) | Lapind blessme (Sunc-In) | | | | |
| VI | VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation given | | OIL CONSERV | VATION COMMISSION 2 7 1970 | | |
| | | | APPROVED, 19 | | | |
| | | | By Original Signed by Emery C. Arnold | | | |
| Commission have been complete with and that the same and belief. | | | SUPERVISOR DIST. #5 | | | |
| | | | mus form in to be filed to | TITLE This form is to be filed in compliance with RULE 1104. | | |
| | Some Data | porless | 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. | | | |
| | James 1 2/0 operator | nature) | | | | |
| May 25 1910 (Date) | | | All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, 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. | | | |