•	Operator				
	PRORATION OFFICE		1		
į	OPERATOR		$\perp L$	<u> </u>	
	TRANSFORTER	GAS	L		
	IRANSPORTER	OIL	1		
	LAND OFFICE				
	U.S.G.S.				
	FILE	$\perp L$			
	SANTA FE	$\perp L$	<u> </u>		
Į	DISTRIBUTIO				
	NO. OF COPIES RECEIVED			4	

	SANTA FE /	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 ' Supersedes Old C-104 and C-116					
	FILE	REQUEST	AND	Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS					
	LAND OFFICE		AND THE PROPERTY OF THE						
	TRANSPORTER OIL								
	GAS								
	OPERATOR								
1.	PRORATION OFFICE								
	Operator								
		P. Woosley							
Address O. S. C. S									
	Reason(s) for filing (Check proper box)	5. Rangely, Colorado 816	Other (Please explain)						
	New We!l	Change in Transporter of:							
	Recompletion	Oil Dry Gas	s						
	Change in Ownership	Casinghead Gas Conden	nsate						
If change of ownership give name and address of previous owner Murphy Oil Corp., 200 Jefferson Ave., El Dorado, Arkonsas 71730									
	and address of previous owner.								
11.	II. DESCRIPTION OF WELL AND LEASE								
	Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease N State, Federal or Fee Indian								
	Nevajo AA	12 North Many Ro	ocks Gallup State, Feder	di crree Indian					
	Location		-4						
	Unit Letter;1532	Feet From The South Lin	e and <u>2600</u> Feet From	The East					
	47). 70m	Pid NIMPIM See To	Country Country					
	Line of Section 17 Tow	vnship 321 Range 17	, NMPM. Sen J	uan County County					
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s						
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)					
	S	hell Pipeline Co.	P.O. Box 1588. Farmin	noton. New Mexico 87401					
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	ngton, New Mexico 27401 oved copy of this form is to be sent)					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	nen					
	give location of tanks.	J 17 32N 17W							
	If this production is commingled wit	this production is commingled with that from any other lease or pool, give commingling order number:							
	COMPLETION DATA								
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.					
		1	Total Depth	P.B.T.D.					
	Date Spudded	Date Compl. Ready to Prod.							
	6 - 6 - 64 Elevations (DF, RKB, RT, GR, etc.)	12 - 31 - 64	Top Oil/Gas Pay	1707¹ Tubing Depth					
	5709 • 7 GL Perforations	Lower Gallup	1644'	166/1 Depth Casing Shoe					
	Notched 3 1651			17081					
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	3*	71	251	3 Sx					
	63 "	43.4	1707.541	35 Sx					
				_i					
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exable for this depth or be for full 24 hours)									
	OIL WELL	life are)							
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas				.,,,,					
Length of Test Tubing Pressure Casing Pressure		Choke Size							
	Length of Test	I dbird Preseme		POFILE					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	GadMc					
	Actual Float Burning 1991			/ NLULITLD /					
		<u> </u>		50 334 O 7 4030					
	GAS WELL			WAY 27 1970					
	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 - 3					
		<u> </u>							
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION					
			APPROVED						
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	APPROVED, 19					
	Commission have been complied was above is true and complete to the	with and that the information given best of my knowledge and belief.	By Cariginal Signed b	y Emery C. Arnold					
	above is title and complete to the	, 200. 01,	TITLE SUPERVISOR DIST. #5						
	Λ		TITLE	SUPERVISOR DIST. 410					
			This form is to be filed in	compliance with RULE 1104.					
	James & The	estey	To this is a request for allo	wable for a newly drilled or deepened					
	, (Sign	ature)	well, this form must be accomp tests taken on the well in acc	anied by a tabulation of the deviation ordance with RULE 111.					
	V O Derator		All sections of this form m	ust be filled out completely for allow-					
			able on new and recompleted w	vells.					
	May 25 19	770	Fill out only Sections I.	II. III. and VI for changes of owner,					
	(0)	ite)	well name or number, or transporter, or other such change of condition.						

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.