

# AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<b>ARI-MEX OIL &amp; EXPLORATION, INC.</b> Address: <b>c/o Walsh Engr, &amp; Prod. Corp. P.O. Box 254 Farmington, N.M. 87401</b>	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> <b>X</b> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

<b>II. DESCRIPTION OF WELL AND LEASE</b>		14-20-603-583
Lease Name: <b>Navajo</b> Unit Letter: <b>A</b> Line of Section: <b>15</b> Township: <b>32N</b> Range: <b>18W</b> NMPM, <b>San Juan</b> County	Well No.: <b>3</b> Pool Name, including Formation: <b>Mesa Gallup</b> Kind of Lease: <b>Navajo Indian</b> State, Federal or Fee: <b>Indian</b> Lease No.: <b>Above</b>	Location: <b>945</b> Feet From The <b>North</b> Line and <b>750</b> Feet From The <b>East</b>

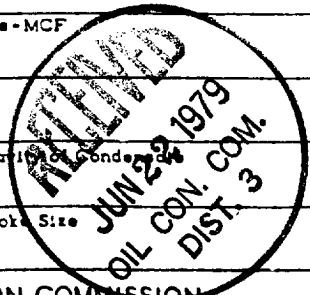
<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>McDougald Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Moab, Utah 84532 P.O. Box 309</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. Unit: <b>H</b> Sec.: <b>15</b> Twp.: <b>32N</b> Rge.: <b>18W</b>	Is gas actually connected? <input type="checkbox"/> When:

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

<b>IV. COMPLETION DATA</b>	
Designate Type of Completion - (X) Date Spudded: _____ Date Compl. Ready to Prod.: _____ Elevations (DF, RKB, RT, GR, etc.): _____ Name of Producing Formation: _____ Perforations: _____	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> Total Depth: _____ P.B.T.D.: _____ Top Oil/Gas Pay: _____ Tubing Depth: _____ Depth Casing Shoe: _____
<b>TUBING, CASING, AND CEMENTING RECORD</b>	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	

<b>V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b> (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 Tanks: _____ Date of Test: _____ Length of Test: _____ Tubing Pressure: _____ Actual Prod. During Test: _____ Oil-Bbls.: _____	Producing Method (Flow, pump, gas lift, etc.): _____ Casing Pressure: _____ Choke Size: _____ Water-Bbls.: _____ Gas-MCF: _____		

<b>GAS WELL</b>			
Actual Prod. Test-MCF/D: _____ Length of Test: _____ Testing Method (pilot, back pr.): _____ Tubing Pressure (shut-in): _____	Bbls. Condensate/MMCF: _____ Casing Pressure (shut-in): _____ Gravity Separator Condensate: _____ Choke Size: _____		



<b>VI. CERTIFICATE OF COMPLIANCE</b> 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. FOR: <b>ARI-MEX OIL &amp; EXPLORATION, INC.</b> <u>Ewell N. Walsh, P.E.</u> (Signature) <b>President</b> <b>Walsh Engineering &amp; Prod. Corporation</b> (Title) 6/21/79 (Date)	<b>OIL CONSERVATION COMMISSION</b> <b>JUN 22 1979</b> APPROVED _____ BY <b>Original Signed by A. R. Kendrick</b> SUPERVISOR DISTRICT # <b>3</b> TITLE _____ 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 multiple completed wells.
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