NO. OF COPIES RECE		5		
DISTRIBUTIO				
SANTA FE				
FILE	ı		r	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
TRANSFORTER	GAS			
OPERATOR	2			
PRORATION OF	<u> </u>	L	L	

DISTRIBUTION					ISERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11		
SANTA FE		1		REQUE		OR ALLOWABLE` AND	Effective 1-1-65	
U.S.G.S.			$\dashv$	AUTHORIZATION TO		SPORT OIL AND NATURAL GA	AS	
LAND OFFICE				ACTIONIZATION 15				
TRANSPORTER	OIL	1						
TRANSFORTER	GAS							
PERATOR		2	$\square$					
PRORATION OFF	FICE	<u> </u>	<b></b>					
Robert W	. Ber	rv.	Inc	c.				
ddress		.,,						
1909 Fir	•st Na	atio	na l	Building Tulsa, OK	741			
eason(s) for filing	(Check	proper	box)			Other (Please explain)		
lew Well				Change in Transporter of:	_	Change in opera	tor	
lecompletion	片			• ===	ry Gas ondensa	ra	2 my 15 1070	
Change in Ownership	₽₩			Casinghead Gas Co	- Chacha	Effective Febru	ary 13, 13/3	
change of owners				Exploration	1	relling Co		
d address of prev	vious ov	vner_		Officer				
ESCRIPTION O	F WEL	L A	ND L	EASE	<del></del>	D	Kind of Lease	
ease Name				Lease No.   Well No.   Poo		, Including Formation		
Navajo T	ribal	<u>  "C</u>			M	esa Gallup	State, Federal or Fee Federal	
_ocation	1		221	10 Feet From The S		and 330 Feet From T	na ld	
Unit Letter	<u> </u>	_ ;	231	IU Feet From The 3	_Line	and 330 reet from 1	ne	
Line of Section	14		Tow	mship 32N Range	<b>:</b>	18W , NMPM, San J	uan County	
Line of Section								
ESIGNATION O	F TRA	INSF	ORT	ER OF OIL AND NATURAL	L GAS	Address (Give address to which approv	and copy of this form is to be sent)	
Name of Authorized	Transpo	orter o	of Oil	or Condensate	1			
The Perm	nian (	corp	orat	L 1011		PO Box 1183 Houston, Address (Give address to which approv	ed copy of this form is to be sent)	
Name of Authorized	Transpo	orter c	i Casi	inghead Gas or Div Gas	, ,	744.555 (555)		
			<del></del>	Unit   Sec.   Twp.   P.ge	e.	Is gas actually connected? Whe	en .	
f well produces oil rive location of tan		ds,	1	1 - 1 -	18W	No ·		
		4 .	اهفين الـ	h that from any other lease or p				
this production i	is comm <b>)ATA</b>	ingle	d Witi	n that from any other rease of p			Plug Back   Same Res'v. Diff. Res'v	
		~	latia	Oil Well Gas W	(ell   l	New Well Workover Deepen	Plug Back Same Res V. Dill. Nes	
Designate Ty	pe of C	-omp	letio		<del></del>	Total Depth	P.B.T.D.	
Date Spudded				Date Compl. Ready to Prod.		Total Depth		
				Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RK	iB, RT,	GK, e	tc.,	Nume of Floadering 1 orinitation		•		
Perforations							Depth Casing Shoe	
• • • • • • • • • • • • • • • • • • • •								
						CEMENTING RECORD	SACKS CEMENT	
HOLE	E SIZE			CASING & TUBING SIZE	⊑	DEPTH SET	SACKS CEMENT	
				<del>                                     </del>				
DAMA AN	ID DE	OTIE	ST F	OR ALLOWABLE (Test mus	t be aft	er recovery of total volume of load oil	and must be equal to or exceed top allow	
TEST DATA AN DIL WELL	(D RE	AOE:	)1 F	able for t	this dep	th or be for full 24 hours)		
Date First New Oil	Run To	Tank	. 3	Date of Test	l	Producing Method (Flow, pump, gas li	Jr, etc.)	
						Casing Pressure	Choke Size	
Length of Test				Tubing Pressure		Casing Pressure		
				Oil-Bbls.		Water-Bbls.	Gos - MOF	
Actual Prod. Durin	ig Test			OII-BBIS.		•	104 3/9	
	<del></del>						COM.	
GAS WELL				·			Uist. 3	
Actual Prod. Test	-MCF/E	5		Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate	
							Choke Size	
Testing Method (p	itot, bac	k pr.)		Tubing Pressure		Casing Pressure	Chore bize	
				<u> </u>		OU CONSERVA	ATION COMMISSION	
CERTIFICATE	OF CO	OMPI	LIAN	CE		OIL CONSERVA	27 1979	
				. معادم مرام		APPROVED.	by A. R. Kendrick	
			ILAN S	regulations of the Oil Conserv with and that the information	ETACH !	i e	Dy M. M. Mondition	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			elief.	SUPERVISOR DISTRICT #				
18/2/ Liviu					TITLE This form is to be filed in compliance with RULE 1104.			
<i>V</i>			(Sign	nature)		well, this form must be accompanied tests taken on the well in accompanied to the well in the	reied by a fabiliation of the collection	
R.E. Kie	eria.	Sec		•		All sections of this form m	ust be filled out completely for allo	
				itle)		able on new and recompleted W	.6112°	
12/19/79					Fill out only Sections I,	II. III. and VI for changes of ownerten or other such change of condition		
			(D	Date)		Separate Forms C-104 mus	at be filed for each pool in multip	
						completed wells.		