HO. OF COPIES RECEIVED		4	
SANTA FE		1	
FILE		7	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
INANSPORTER	GAS		
OPERATOR		1	
PRORATION OF	ICE		

	DISTRIBUTION SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL G		
	IRANSPORTER GAS				
	OPERATOR / PRORATION OFFICE				
1.	Operator				
	ARI-MEX Oil & Exploration, Inc. P.O. Box 254				
	C/O Walsh Engineering & Production Corp. Farmingto Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil X Dry Gas Casinghead Gas Conden:	[]		
	If change of ownership give name and address of previous owner				
**	. DESCRIPTION OF WELL AND LEASE			14-20-603-583	
11.	Lease Name	Well No. Pool Name, Including Fo		NAVAIO I I	
Navajo 6 Mesa Gallup State, Federal or Fee				or Fee Indian Above	
	Unit Letter H : 225	Feet From The North Line	e and 330 Feet From T	he East	
	Line of Section 15 Tow	nship 32N Range	18W , NMPM, San	Juan County	
III.	Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be se				
	Giant Refinery, Ir	nc.	P.O. Box 256 Farmington, NM 87401		
•	Name of Authorized Transporter of Cas. None	inghead Gas or Dry Gas	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 Sec. Twp. Rge.	Is gas actually connected? Whe	מ	
IV.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,			
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	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	
			<u> </u>	Depth Casing Shoe	
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.		DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - N GF	
	CAS WELL				
	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	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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.		APPROVED, 19			
		By Original Signed by A. S. Fendrick			
	Ewell N. Walsh, (Piener President (Title)		TITLE SUPERVISOR DIST. #3		
			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 is a request for allowable for a haw, 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.		
11-8-77		Fill out only Sections I. II. III. and VI for changes of owner			

(Date)

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.

Separate Forms C-104 must be filed for each pool in multiply

mpleted walls.

(Date)