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U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

I.

The British-American Oil Producing Company

P. O. Drawer 330, Farmington, New Mexico

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

If change of ownership give name and address of previous owner

Gulf Oil Corporation

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, Including Formation

Kind of Lease

State, Federal or Fee

Location

Unit Letter

Feet From The

Line and

Feet From The

Line of Section

Township

Range

NMPM,

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead 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?

When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Rest'v.

Diff. Rest'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Pool

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

NOTE: This is a dual completed well. The Gallup side has been TA.

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure

Casing Pressure

Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Original Signed By:

Nae R. Stone

Field Superintendent

October 4, 1965

OIL CONSERVATION COMMISSION

APPROVED

BY

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 Sections I, II, III, and VI only 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.

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. **The British-American Oil Producing Company**
Address: **P. O. Drawer 330, Farmington, N.M.**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Permitting Action ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒

If change of ownership give name and address of previous owner **Gulf Oil Corporation**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Apache** Well No. **9** Pool Name, Including Formation **Basin Dakota** Kind of Lease **Fed.**
Location: Unit Letter **D** : **990** Feet From The **North** Line and **990** Feet From The **West**
Line of Section **17** , Township **24N** Range **5W** , NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ **McWood Corp.** Address (Give address to which approved copy of this form is to be sent) **P. O. Box 1702, Farmington, N.M.**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ **El Paso Natural Gas Co.** Address (Give address to which approved copy of this form is to be sent) **P. O. Box 1161, El Paso, Texas**
If well produces oil or liquids, give location of tanks. Unit **D** Sec. **17** Twp. **24N** Rge. **5W** Is gas actually connected? **Yes** When

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

IV. COMPLETION DATA
Designate Type of Completion - (X) **DRILL COMPLETION**
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbbls. Water-Bbbls. Gas-Bbbls.

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

VI. CERTIFICATE OF COMPLIANCE
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.
Original Signed By: **Nae R. Stone** (Signature)
Field Superintendent (Title)
October 4, 1965 (Date)
OIL CONSERVATION COMMISSION
APPROVED **OCT 5 1965**, 19
BY **Original Signed Emery C. Arnold**
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 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 Sections I, II, III, and VI only 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.