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| 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. **REPORTING PARTY**

The British-American Oil Producing Company

Address: **P. O. Drawer 330, Farmington, New Mexico**

Reason(s) for filing (Check proper box):

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒

Other (Please explain):

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 |
| McDonald Apache Cond. #69 Fed. | 2 | Ballard - P.C. | State, Federal or Fee Fed. |
| Location: | | | |
| Quarter Section M | 900 | Feet From The South Line and 990 | Feet From The West |
| Range 8 | Township 24N | Range 5W | County Rio Arriba |

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| None | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company | P. O. Box 1161, El Paso, Texas |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? Yes When 6-15-1956 |

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 Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Taking 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 Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Taking Pressure | Casing Pressure | Check Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|---------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back or) | Taking Pressure | Casing Pressure | Check 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.

Nae R. Stone

(Signature)

Field Superintendent

(Title)

October 4, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 5 1965**

19

BY **Original Signed Name of Supervisor**

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 well.