

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

The British-American Oil Producing Company

P. O. Drawer 330, Farmington, N.M.

Other (Please explain)

Reason(s) for filing (Check proper box)

How Well	<input type="checkbox"/>	Change in Transporter of:	
How Important	<input type="checkbox"/>	TE	Day Car <input type="checkbox"/>
How Important	<input type="checkbox"/>	Transporter Bus	Consequence <input type="checkbox"/>

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

Gulf Oil Corporation

## II. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE		Well No.		Pool Name, Including Formation		Kind of Lease	
Lease Name						State	Federal or Fee Fed.
<del>XXXXXXXX</del> Apache Cont. #89	<del>XXXXXXXX</del> Fed.	8		Basin Dakota			
Location.							
Unit Letter	D	990	Feet From The	North	Line and	990	Feet From The West
Line of Section	8	Township	24N	Range	5W	NMFM,	Rio Arriba County

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/>		or Condensate <input checked="" type="checkbox"/>			P.O. Box 1702, Farlington, N.M.	
Name of Authorized Transporter of Gashead 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 Co.					P.O. Box 1161, El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	8	24N	5W	Yes	

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

#### IV. COMPLETION DATA

COMPLETION DATA										
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deeper	Plug Back	Same Res'v.	Diff. Res'v.	
Date Drilled	Date Compl. Ready to Prod.			Total Depth			F.B.T.D.			
Prod.	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
<b>DAUL COMPLETION</b>										
<b>TUBING, CASING, AND CEMENTING RECORD</b>										
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)

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
Date First New Oil Run To Tanker	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-Bbls.

**RECEIVED**

**OCT 5 1965**

**OIL CON. COM.**

**DIST. 3**

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

Oil Conservation Commission

## 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.

Approved: \_\_\_\_\_  
Special Agent in Charge

Nae R. Stone

(Signature)

Field Superintendent

Title:

October 4, 1965

July 1

OIL CONSERVATION COMMISSION

APPROVED 10 5 1965, 1965

BY Charles David Scott, Jr.

TITLE 100-10848

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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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. OPERATOR  
Address  
Reasons for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Gas ☐ Condensate ☐  
Change in Ownership ☐ Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: XXXXXXXX XXXXXXXX Fed.  
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 NMEM 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 Gashead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  
Unit Sec. Twp. Rge. Is gas actually connected? When  
If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. F  
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 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-MCF  
GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF 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.  
Signed By: (Signature)  
(Title)  
Date  
OIL CONSERVATION COMMISSION  
APPROVED OCT 5 1965  
BY Original Signed Deputy 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.  
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