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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. PRORATION OFFICE**

Operator \_\_\_\_\_  
Address \_\_\_\_\_

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Scott Federal</b>	Well No., Pool Name, Including Formation <b>11 Basin Dakota</b>	Kind of Lease State Federal or Fee <b>Federal</b>	Lease No.
Location Unit Letter <b>M</b> Feet From The <b>1120</b> Line and <b>south</b> Feet From The <b>330</b> Line of Section <b>2705</b> Township <b>27N</b> Range <b>11W</b> , NMEM, <b>San Juan</b> County			

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

Name of Transporter of Oil or Condensate <b>McLeod Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1702, Farmington, N.M.</b>
Name of Transporter of Casinghead Gas or Dry Gas <b>Southern Union Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Fidelity Union Tower Bldg., Dallas, Texas</b>
If well produces oil or gas, give location of tanks	Unit <b>M</b> Sec. <b>27</b> Twp. <b>27N</b> Rge. <b>11W</b> Is gas actually connected? <b>Yes</b> Date <b>4-12-63</b>

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.					
Elevations <i>DF, RAB, etc.</i>	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
<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 op allowable for this depth or be for full 24 hours)

Date First New Oil Produced	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

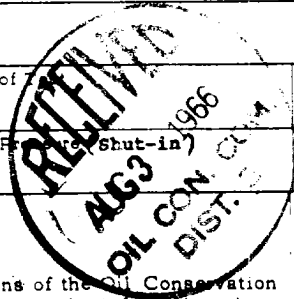
**GAS WELL**

Actual Prod. Test (MCF)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, shut-in, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Date)



OIL CONSERVATION COMMISSION

APPROVED AUG - 3 1966, 19\_\_\_\_

BY Original Signed by 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 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.