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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 1-1-60

I. **The British-American Oil Producing Company**  
**P. O. Drawer 330, Farmington, New Mexico**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Producing Well ☐ Casinghead Gas ☐ Condensate ☐  
Name in well log ☐  
Other (Please explain): **To correct well listing NMOCC Memo 2-65**  
**(Formerly shown as Scott #5)**  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name **E. Scott Federal** Well No. **5** Pool Name, including Formation **West Kutz Canyon - P.C.** Kind of Lease **Fed.**  
Location  
Unit Letter **K** **1020** Feet From The **North** Line and **950** Feet From The **West**  
Line of Section **23** Township **27N** Range **11W** NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐  
**None** Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
**Southern Union Gas Company** Address (Give address to which approved copy of this form is to be sent)  
**Union Tower Bldg., Dallas, Texas**  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
**Yes**

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 Restv.	Diff. Restv.
		<b>X</b>	<b>X</b>					
Date Spudded <b>11-28-55</b>	Date Compl. Ready to Prod. <b>12-4-55</b>	Total Depth <b>2088</b>	P.B.T.D. <b>2088</b>					
Pool <b>West Kutz Canyon</b>	Name of Producing Formation <b>Pictured Cliffs</b>	Top Oil/Gas Pay <b>2033</b>	Tubing Depth <b>2067</b>					
Perforations		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<b>9-5/8</b>	<b>98</b>	<b>90</b>
	<b>5 1/2</b>	<b>2029</b>	<b>75</b>
	<b>1"</b>	<b>2067</b>	

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 Well Test Made	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-M MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>2,300</b>			
Testing Method (pitot, back or.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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 **AUG 16 1965**, 19  
BY **Original Signed Emery C. Stone**  
TITLE **Supervisor Dist. # 3**

Original Signed For  
Nae R. Stone  
Field Supt.  
August 12, 1965

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.