Form C-103
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Beartooth Oil and Gas Company
Address	Box 2564, Billings, Montana 59103

Reason(s) for filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bilbrey Federal-34	1	Undesignated Farmington	State, Federal or Fee Federal	SF047019(a)

Unit Letter B, 790' Feet From The North Line and 955' Feet From The West

Line of Sec. 34 Township 29N Range 11W, NMPM, San Juan County

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 [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent) 403 J.P. White Bldg. Roswell, N.M. 88201
Gas Co. of New Mexico	
If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rge. _____	Is gas actually connected? no When

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded 2-7-81	Date Compl. Ready to Prod. 4-20-81	Total Depth 1567'	P.B.T.D. 1535'
Elevations (DF, RKB, RT, GR, etc.) 5572 G.L.	Name of Producing Formation Farmington	Top Oil/Gas Pay 1060'	Tubing Depth
Perforations 1060/1064			Depth Casing Shoe 1563'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7.000	128 KB	50sx
5 5/8"	2 7/8	1563 KB	175sx

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure		Choke Size
Actual Prod. During Test	Oil-Bbls.		Gas-MCF

ILLEGIBLE

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DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 550 MCF/D	Length of Test 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) BP	Tubing Pressure (Shut-in) 482	Casing Pressure (Shut-in)	Choke Size 2"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Agent
(Title)

9-15-81
(Date)

OIL CONSERVATION DIVISION

SEP 23 1981

APPROVED _____, 19 _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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 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.