

U.S.G.S.	
OPERATION OFFICE	
Operator B.C.A. OIL & GAS CO.	
Address 3538 E. 30th Street Suite 108 Farmington, New Mexico 87401	
<input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Change in Casing <input type="checkbox"/>	<input type="checkbox"/> Change in Transporter of: Dry Gas <input type="checkbox"/> alternative transporter Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ute "B"	Well No. 8	Pool Name, including Formation Verde Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. NM 238
Location Unit Letter: H 1980 Feet From The North Line and 660 Feet From The East Line of Section 31 Township 31 North Range 15 Weat, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation McDougald Oil Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, N.M. 87401 Box 309 Moab, Utah 84532
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit: I Sec: 32 Twp: 31N Rge: 15W Is gas actually connected? No When:

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 (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

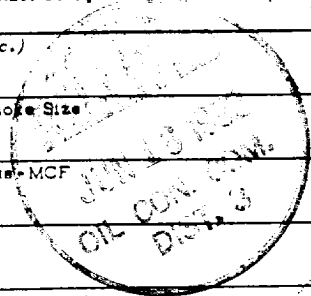
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	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.

Operator
(Signature)
(Title)
June 15, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 16 1982, 19
BY Original Signed by CHARLES GROLSON
TITLE DEPUTY OIL & GAS INSPECTOR, 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.