

5 Copies  
State District Office  
T.I.  
1980, Hobbs, NM 88240

T.II  
Ver DD, Artesia, NM 88210

T.III  
Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BK Petroleum, Inc.		Well API No.
P.O. Box 826, Farmington, NM 87499		
For Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
1 <input type="checkbox"/>	Change in Transporter of:	
ation <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Changed Crude Oil Transporter from
n Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Ciniza P/L to Giant Transportation
of operator give name as of previous operator		
DESCRIPTION OF WELL AND LEASE		
ime ny Rocks Gallup Unit	Well No. 17	Pool Name, Including Formation Many Rocks Gallup
Kind of Lease State, Federal or Fee		Lease No. 14-20-600-3531
Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>400</u> Feet From The <u>West</u> Line		
Section <u>17</u> Township <u>31N</u> Range <u>16W</u> , NMPM, San Juan County		

### DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 12999, Scottsdale, AZ 85255	
nt Transportation		
Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Used on Lease		
roduces oil or liquids, ion of tanks.	Unit L	Sec. 17
	Twp. 31N	Rge. 16W
Is gas actually connected?		When ?

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

### COMPLETION DATA

gnate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
added	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
ns (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
ons						Depth Casing Shoe		

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

### TEST DATA AND REQUEST FOR ALLOWABLE

/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.)

st New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### OPERATOR CERTIFICATE OF COMPLIANCE

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

Mildred L. Kuchera  
Signature  
MILDRED L. KUCHERA OWNER  
Printed Name  
Telephone No.

### OIL CONSERVATION DIVISION

SEP 05 1990

Date Approved

By Burt D. Chang

SUPERVISOR DISTRICT #3

Title

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.