STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA PE			
FILE			•
U.S.o.a.			♣ .
LAND OFFICE			
TRANSPORTER	OIL		
	0 AS		
OPERATOR			
PROBATION OF	ICE		_

June 1, 1984

(Date)

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST	FOR	ALL	_OW	AB	LE
	AN	D			

PROBATION OFFICE	AUTHOR	IZATION TO		ND PORT OIL AND NATI	JRAL GAS	√.	
1. Opermer					012	·	
BK Petroleum, Inc.					Dist. 9		
Address	·	····					
501 Airport DrSuite 165,	Farmir	ngton, N.	м. 874	01			
Reesan(s) for filing (Check proper box)		<u> </u>		Other (Pleas	e explain)		
New Well	Change is	Transporter o	o4:		•		
Recompletion	Oii		_ □ ∘	ry Gas			
Change in Ownership	Cast	nghead Gas	c	ondens me			
If change of ownership give name and address of previous owner	Arco Oi	1 & Gas (Co., P.	0. Box 5540, De	nver, Co. 80217		
II. DESCRIPTION OF WELL AND LE					•	_	
Lease Name	Well No.				Fed. 14-20-600-	Lease No.	
Many Rocks Gallup Unit	13	Many Roo	cks Gal	.lup	State, Federal or Fee 3530		
Unit Letter N : 718	_Feet From	The Sout	h Lur	2185	Feet From The		
7	31N			16W	San Juan		
Line of Section Township	P	F	ange	, NMPN	۸,	County	
III DESIGNATION OF TRANSPORT	TTD OF C	NT 4377 37	A 777 TYD A 7	CAS			
Name of Authorized Transporter of CII Water injection well-shut	or Co	ondensate	ATUKAI	501 Airport Dr	-Suite 165, Farmington,	: M: 87401	
Name of Authorized Transporter of Casinghe	ad Gas	or Dry Ga		Address (Give address	to which approved copy of this form is to	be sens;	
If well produces oil or liquids, give location of tanks.	Sec.	Twp.	Rge.	is gas actually connect	ed? When		
If this production is commingled with the	it from any	y other lease	or pool,	give commingling orde	r number:		
NOTE: Complete Parts IV and V on	reverse si	de if necessa	ary.				
VI. CERTIFICATE OF COMPLIANCE				OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of been complied with and that the information give my knowledge and belief.				APPROVED	Frank Jave	19	
				TITLE	SUPERVISOR DISTRICT #		
President (Signature)	d o	nd		If this is a request, this form must tests taken on the	be filed in compliance with RULE usest for allowable for a newly drilled to be accompanied by a tabulation of well in accordance with RULE 111. this form must be filled out complet	i or deepemed the deviation	

All sections of this form must be filled out completely for allows 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.