

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	NATURAL GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
BK Petroleum, Inc.

Address
501 Airport Dr.-Suite 165, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion		<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain) OIL CONSERVATION DISTRICT

If change of ownership give name and address of previous owner Arco Oil & Gas Co., P.O. Box 5540, Denver, Co. 80217

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Many Rocks Gallup Unit</u>	Well No. <u>8</u>	Pool Name, including Formation <u>Many Rocks Gallup</u>	Kind of Lease <u>Fed. 14-20-600</u>	Lease No. <u>3530</u>
Location <u>Unit Letter L</u> , 1967 Feet From The <u>South</u> Line and <u>981</u> Feet From The <u>West</u> <u>Line of Section 7</u> Township <u>31N</u> Range <u>16W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>501 Airport Dr.-Suite 165, Farmington, N.M. 87401</u>
Name of 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) <u>501 Airport Dr.-Suite 165, Farmington, N.M. 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
Is gas actually connected? When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

IV. 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 is true and complete to the best of my knowledge and belief.

Samuel A. Bedford
President
(Signature)
(Title)
June 1, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 03 1984
BY Frank J. Chavez
TITLE SUPERVISOR DISTRICT # 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 allowables 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.