

LAND OFFICE _____
 OPERATOR _____
 PRODUCTION OFFICE _____

I. OPERATOR
 Operator: B.O.A. OIL & GAS CO.
 Address: 3539 E. 30th Street Suite 108, Farmington, New Mexico 87401
 Recombination Change in Ownership Alternative transporter

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ute "B"</u>	Well No. Pool Name, including Formation <u>15 Verde Gallup</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>NM 238</u>
Location Unit <u>K</u> ; <u>1929</u> Feet From The <u>South</u> Line and <u>1966</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>31N</u> Range <u>15 W</u> , NMPM, <u>San Juan</u> 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"/> <u>Inland Corporation</u> <u>Mc Dougal Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1528 Farmington, N.M. 87401</u> <u>Box 309 Moab, Utah 84532</u>
Name of Authorized Transporter of Casinhead 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 Sec. Twp. Rge. Is gas actually connected? When
	<u>K</u> <u>31</u> <u>31N</u> <u>15W</u> <u>No</u>

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
Flowing Inlet (psi), 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.

OIL CONSERVATION COMMISSION

APPROVED JUN 16 1982, 19____

BY Original Signed by CHARLES GHOLSON
DEPUTY OIL & GAS INSPECTOR, DIST. #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 Form C-104 must be filed for each pool in multiple

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

