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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **The British-American Oil Producing Company**
Address **P. O. Drawer 330, Farmington, N.M.**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Reopening Well ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Castorhead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name **Gulf Oil Corporation**
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	J. M. Apache Co. #69 Fed. 15	Well No.	15	Pool Name, Including Formation	Basin Dakota	Kind of Lease	Fed.
Location	D 990 North 990 West	Line and	990	Feet From The	West		
Line of Section	7	Township	24N	Range	5W	Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	McWood Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1702, Farmington, N.M.
Name of Authorized Transporter of Castorhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1161, El Paso, Texas
If well produces oil or liquids, give location of tanks.	Unit D Sec. 7 Twp. 24N Rge. 5W	Is gas actually connected?	Yes

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restv.	<input type="checkbox"/> Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Pool	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/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Witnessed By:
Mae R. Stone
(Signature)
Field Superintendent
(Title)
October 4, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 5 1965**
BY **Original Signed Henry G**
TITLE **Superintendent #3**

This form is to be filed in compliance with R
If this is a request for allowable for a newly well, this form must be accompanied by a tabular tests taken on the well in accordance with RUI
All sections of this form must be filled out able on new and recompleted wells.
Fill out Sections I, II, III, and VI only well name or number, or transporter, or other su
Separate Forms C-104 must be filed for

