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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: Oil Dry Gas Condensate

Change in Ownership Casinghead Gas

Other (Please explain): **To correct well listing NMOCC Memo 2-65**

If change of ownership give name and address of previous owner: **(Formerly shown as Scott #4)**

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. Scott Federal	Well No. 4	Pool Name, including Formation West Kutz Canyon P.C.	Kind of Lease State, Federal or Free Fed.
Location: Twp. Letter E Range 1600 Feet From The North Line and 1040 Feet From the West Line of Section 23 , Township 27N Range 11W , 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.)
None	
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.)
Southern Union Gas Company	Union Tower Bldg., Dallas, Texas
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes When? 5-6-52

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 4-3-52	Date Compl. Ready to Prod. 4-27-52	Total Depth 2033	F.B.T.D. 2029					
Pool: West Kutz Canyon	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1954	Tubing Depth 2018					Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

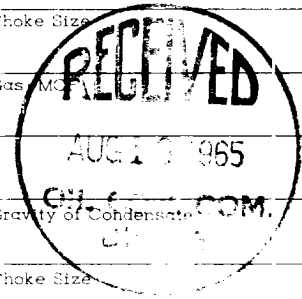
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	10-3/4"	116	85
	5 1/2"	1960	50
	1"	2018	

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 from Test	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1400			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	440	440	



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.

Original Signed By: **Nae R. Stone** (Signature)
Field Supt. (Title)
August 12, 1965 (Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 16 1965**, 19
 BY **Original Signed Emery C. Ar...**
 TITLE **Supervisor Dist. # 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 allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.