Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	O TRAI	NSPO	RT OIL	AND NAT	URAL GA		W. S. I.			
Perator BK Petroleum, Inc.							Well A	PI No.			
Mdress	11.0.					· · · · · · · · · · · · · · · · · · ·					
P.O. Box 826, F		on, N	M 874	499							
Reason(s) for Filing (Check proper box)		Chanas in 1	r	a of	U Othe	r (Please expla	in)				
lew Well		Change in 1	i ransporte Dry Gas	r 01:	Change	d Crude	Oil T	ranspo	rter fr	om	
lecompletion \square	Oil Casinghead		Dry Gas Condensat	, <u> </u>		P/L to					
change in Operator	Caningheau	<u> </u>	COHOCHE	<u>u</u> [_]				<u> </u>			
id address of previous operator							<u> </u>				
. DESCRIPTION OF WELL	AND LEA	SE									
ease Name		Well No.			ng Formation			Lease	_	ase No.	
Many Rocks Gall	up Unit	14	Man	y Roc	cks Gal	lup	State,	Federal or Federal	14-2	0-600-3	
ocation				_					* 7		
Unit Letter O	<u> : 950 </u>		Feet From	n The $\frac{SC}{C}$	outh Line	and 1/10	Fe	et From The	East	Line	
Section 7 Towns	hip 31N		Range	16W	· NN	ирм, San	Juan			County	
						,			-		
II. DESIGNATION OF TRA		or Condens		NATU	Address (Give	e address to wh	ich approved	copy of this f	orm is to be se	nt)	
Giant Transporter of Off	X	J				30x 129					
Name of Authorized Transporter of Cas			or Dry G	25		e address to wh					
Gas Used on Lea									· · · · · · · · · · · · · · · · · · ·		
well produces oil or liquids, Unit Sec. Twp.				-	Is gas actually connected? When ?						
ive location of tanks.	E	7	3 1 N J	16W							
this production is commingled with th	at from any other	er lease or p	oool, give	comming	ling order numl	жг:					
V. COMPLETION DATA		1		*** **	1		1 5	l plus pasts	Icama Barba	hier Parks	
Designate Type of Completio	n - (X)	Oil Well	' [Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ol. Ready to	Prod.		Total Depth	1	ł	P.B.T.D.	<u> </u>	<u> </u>	
Date 2 broader	Date Comp	Date Compl. Ready to Prod.									
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casi	ng Shoe		
							_				
		TUBING, CASING AND							CAOUS SELECT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
								-			
								 			
V. TEST DATA AND REQU	EST FOR A	LLOW	ABLE		1			_l		····	
OIL WELL (Test must be afte	er recovery of lo	ital volume	of load oi	I and mus	t be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)					
						~ # A	(** 0. 1.8				
Length of Test	Tubing Pre	essure			Casing Press	n ku		Lhouckize	;		
					11/			Gal MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bull	SED!	041990				
						ULI Y				-, .,, -	
GAS WELL		(r)			Bbls, Conde	OIL CO	ON. D	Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bois. Conde	D	ST. 3	- Oravity of			
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				eure (Shut-in)		Choke Siz	e		
resums memor (huor, once h.)	1		•			•	•				
VI. OPERATOR CERTIF		COM	יו או זכ	CF							
						OIL COI	NSERV	'ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					SEP 0 5 1990						
is true and complete to the best of t	ny knowledge a	ind belief.			Date	e Approve	ed	JET U	J 133U		
20. 44 . 0	1) 1					e E E	-		1	1	
Mildred L.	Kuch	era			∥ _{By} _		3-	1) E			
Signature MILDRED L. KUCHER		S WA	UER.				7.27.		DISTRICT	12	
Printed Name			Title		Title	9	JUFE	HUSUR	DISTRICT	73	
9/4/90	505-326	<u>-3139</u>	·								
Date		Tel	ephone N	o.	H						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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