

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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

B.K.

I. Operator  
B.O.A. Oil & Gas Co.  
Address  
2530 E. 30th Street, Suite 102, Farmington, NM 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name "Mtn "B"	Well No. 15	Pool Name, Including Formation Verde Gallup	Kind of Lease State, Federal or Free	Lease No. 14-20-004-20
Location Unit Letter K, 1922 Feet From The South Line and 1966 Feet From The West Line of Section 31 Township 31N Range 15 W, NMPM, San Juan 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"/> B.O.A. Oil & Gas Co., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 302, Farmington, NM 87401					
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)					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 31	Twp. 31N	Rge. 15W	Is gas actually connected?	When

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 checked="" 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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-15-80	Date Compl. Ready to Prod. 2-1-81		Total Depth 1800		P.B.T.D. 1800			
Elevations (DF, RKB, RT, CR, etc.) 5400 G.L.	Name of Producing Formation Verde Gallup		Top Oil/Gas Pay 1740		Tubing Depth 1700			
Perforations NO LOGS - NO PERFORATION					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 8 3/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 24		SACKS CEMENT 75 sacks			
6 3/4	5 1/2		1732		125 sacks			
5 1/2	2 3/8		1720		0			

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)

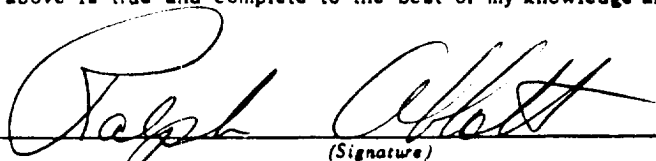
Date First New Oil Run To Tanks 2-1-81	Date of Test 2-1-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size 1 1/2"
Actual Prod. During Test 20 bbls	Oil - Bbls. 30 bbls	Water - Bbls. 0	Gas - MCF 0

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

  
(Signature)

Owner-Operator  
(Title)

March 17, 1981  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 19 1981

BY Original Signed by FRANK I. CHAVEZ

TITLE SUPERVISING DISTRICT 2

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 Forms C-104 must be filed for each pool in multiply completed wells.