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U.S.G.S.	
LAND OFFICE	
TRANSPORTER — OIL	
TRANSPORTER — 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

(N-S)

I.

Operator
B.O.A. Oil & Gas Company

Address
3539 E. 30th Street, Suite 108, Farmington, NM 87401

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Ute Mountain "B"	16	Verde Gallup	State, Federal or Fee Ute Tribal	14-20-604-90

Location
Unit Letter J : 2035 Feet From The South Line and 2455 Feet From The East

Line of Section 31 Township 31N Range 15W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
McDougal Oil & Gas Inc
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 309 Moab, Utah 84532

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]
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
	J	31	31N	15W	No	

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.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-27-80	5-19-81	1795	1795

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5460 G.L.	Verde Gallup	1740	1774

Perforations	Depth Casing Shoe
1740-1750 Open Hole	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4	8 5/8	96	85
6 3/4	5 1/2	1565	150
5 1/2	2 3/8	1774	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
5-20-81	5-20-81	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	0	0	

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
84	84	0	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.

Ralph Cabbott
(Signature)
Owner-Operator
(Title)
May 30, 1981
(Date)

OIL CONSERVATION COMMISSION

JUN 2 1981
OIL CON. COM.
DIST. 3

APPROVED _____, 19 _____
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, 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 only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such change of condition.

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