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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. **The British-American Oil Producing Company**
Address
P. O. Drawer 330, Farmington, N.M.
Reason(s) for filing (Check proper box) Other (Please explain)
Leak Well ☐ Damage to Transporter oil ☐
Permeability ☐ Oil ☐ Dry Gas ☐
Production ☒ Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **Gulf Oil Corp.**

II. DESCRIPTION OF WELL AND LEASE

Well Name XXXXXXXX Apache XXXXXXXX	Well No. Pool Name, including Formation 11 Basin Dakota	Kind of Lease State, Federal or Fee Fed.
Location Twp. Letter J 1650 Feet From The South Line and 1650 Feet From The East		
Line of Section 8 Township 24N Range 5W , NMPM, 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 Corp.	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 Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	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. J 8	Unit 8 Sec. 24N Rge. 5W	Is gas actually connected? Yes 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Initially Tested	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Producing Formation	Name of Producing Formation		Top Oil/Gas Pay		Paving Depth			
Producing Interval					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)

Line (Start-New) (If from To Tanks)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF	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.

OIL CONSERVATION COMMISSION

APPROVED **10/5/1965**, 19

BY **Original Signed By: C. Arnold**

TITLE **Superintendent**

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.

Original Signed By:
Nae R. Stone
(Signature)

Field Superintendent
(Title)

October 4, 1965
(Date)