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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 1-1-64
Supersedes Old C-104 and C-110
Effective 1-1-65

I. **The British-American Oil Producing Company**
Address: **P. O. Drawer 330, Farmington, New Mexico**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter oil ☐ **To correct well listing**
Transportation ☐ Oil ☐ Dry Gas ☐ **NMOCC Memo 2-65**
Transporter switching ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner **(Formerly shown as Federal Scott No. 11)**

II. DESCRIPTION OF WELL AND LEASE

| | | |
|---|--|------------------------------|
| Lease Name E. Scott Federal | Well No. Pool Name, Including Formation 11 Basin Dakota-West Kutz-San Juan | Kind of Lease Fed. |
| Location Tract Letter M 1120 Feet From The South Line and 300 Feet From The West Line of Section 25 Township 27N Range 11W , NMEM, San Juan 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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Southern Union Gas Company | Address (Give address to which approved copy of this form is to be sent) Union Tower Building, Dallas, Texas | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 25 |
| | Twp. 27N | Rge. 11W |
| | Is gas actually connected? Yes | When 4-12-63 |

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"/> Sand Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> | | |
| Date Spudded 12-12-62 | Date Compl. Ready to Prod. 12-29-62 | Total Depth 6800 | P.S.T.D. 6770 |
| Pool Basin Dakota | Name of Producing Formation Dakota | Top Oil/Gas Pay 6656 | tubing Depth 6692 |
| Perforations 6663-6673, 6714-6720, 6726-6736 w/ 4 ft. | | Depth Casing Shoe 6841 | |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE 12-1/4" 7-7/8" | CASING & TUBING SIZE 8-5/8" 4-1/2" 2-3/8" EUE | DEPTH SET 236 6799 6692 (Ran 10-15-62.) | SACKS CEMENT 125 450 |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|-------------------------------------|-----------------|---|--------------------------|
| Test First Flow - Normal Production | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size 4 1/2" |
| Actual Prod. (bbls./day) | Oil-Bbls. | Water-Bbls. | Gas-MCF 365 |

GAS WELL

| | | | |
|--|--------------------------------------|-----------------------|-----------------------------|
| Actual Prod. Test-MCF | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 1,094 | 24 hours | Not measured | |
| Flowing Method (pilot, back pr.) Pilot | Tubing Pressure tubingless | Casing Pressure | Choke Size 1-1/2" |

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED **AUG 16 1965**, 19
BY **Original Signed Emery C. Arnold**
Supervisor Dist. #3
TITLE _____

Wae R. Stone (Signature)
Field Superintendent (Title)
August 12, 1965 (Date)

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.