

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

I. Operator
The British-American Oil Producing Company
Address
P. O. Drawer 330, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
**To correct well listing
NMOCC Memo 2-65**
(Formerly shown as Scott #1)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. Scott Federal	Well No. Pool Name, Including Formation 1 West Kutz Scott P.C.	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter P 990 Feet From The South Line and 990 Feet From the East Line of Section 22 , Township 27N Range 11W , NMPM, San Juan County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input 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 Bldg., Dallas, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? Yes Unknown

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"/> Same Res'v. <input type="checkbox"/> Dif. Res'v. <input type="checkbox"/>		
Date Spudded 5-12-51	Date Compl. Ready to Prod. 5-16-51	Total Depth 2021 2166	F.R.T.D. 2161
Pool West Kutz Canyon	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2017	tubing Depth 2103
Perforations Open hole	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8-5/8"	105	55
	5-1/2"	2023	90
	1"	2103	

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 Well Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Actual Prod. During Test	Length of Test	Bbls. Condensate/MMCF	Gravimetric Condensate
1,416			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
		460	

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.

Original Signed By:
Nae R. Stone
Field Superintendent
(Signature)
(Title)

August 12, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 16 1965**, 19
BY **Original Signed Emery C. A.**
TITLE **Supervisor 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 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.