

BRITISH AMERICAN

Current records:

Change to:

Kutz Gallup

Federal Fullerton #6	E-11-27N-11W	Fullerton Federal #6
Federal Fullerton #8	G-14-27N-11W	Fullerton Federal #8

West Kutz Pictured Cliffs

Fullerton #1	O-15-27N-11W	Fullerton Federal #1	
Fullerton #2	G-15-27N-11W	Fullerton Federal #2	
Fullerton #3	L-14-27N-11W	Fullerton Federal #3	
Fullerton #4	D-14-27N-11W	Fullerton Federal #4	
Scott #1	P-22-27N-11W	E. Scott Federal #1	C-104 required
Scott #3	O-23-27N-11W	E. Scott Federal #3	C-104 required
Scott #4	E-23-27N-11W	E. Scott Federal #4	C-104 required
Scott #5	K-23-27N-11W	E. Scott Federal #5	C-104 required
Scott #6	E-36-27N-11W	E. Scott Federal #6	C-104 required
Scott Federal #10	P-25-27N-11W	E. Scott Federal #10	C-104 required

Approved by

Nae R. Stone, Field Spt.

August 13, 1965

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	7
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 _____
Address _____
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) _____

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 5 West Kutz - Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter K Feet From The _____ Line and _____ Feet From The _____ Line of Section 23 Township 27-N Range 11-W , 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 checked="" 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 checked="" type="checkbox"/> Southern Union Gas Co.,	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Bldg., Dallas, Texas		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
			Is gas actually connected? Yes When Unk

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'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMcf	Gravity of Condensate
Testing Method (pilot, 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)

(Title)

(Date)

OIL CONSERVATION COMMISSION
APPROVED **AUG 3 1966**, 19
BY **Original Signed by Emery C. Arnold**
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 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.