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TRANSPORTER	OIL
	GAS
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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 1-1-85

BHP Petroleum (Americas), Inc.	
P.O. Box 3230, Casper, WY 82602	
Reason(s) for filing (Check proper box)	
Well completion	Change in Transporter of:
Change in Ownership	Oil
	Dry Gas
	Casinghead Gas
	Condensate
Other (Please explain)	

Change of ownership give name and address of previous owner Energy Reserves Group, Inc., P.O. Box 3280, Casper, WY 82602

DESCRIPTION OF WELL AND LEASE	
Well Name	Well No.
O.H. Randel	7
Pool Name, including Formation	Kind of Lease
Basin Dakota	State, Federal or Fee
	Federal
Lease No.	
NM03153	
Location	
Unit Letter	D
1150 Feet From The	North
Line and	1150
Feet From The	West
Line of Section	15
Township	26N
Range	11W
NMPM,	San Juan
County	

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
Giant Refining, Inc.	Box 256, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 1492, El Paso, Texas 79978
Well produces oil or liquids, or location of tanks.	Is gas actually connected?
	Yes
Unit	Sec.
Twp.	Rge.
When	

This production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well
	Gas well
	New well
	Workover
	Deepen
	Plug Back
	Same Res'v.
	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.
	Total Depth
	P.B.T.D.
Observations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
	Top Oil/Gas Pay
	Tubing Depth
Observations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 of Test	Producing Method (Flow, pump, gas lift, etc.)
Site First New Oil Run To Tanks	
Length of Test	Tubing Pressure
	Casing Pressure
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

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.	
<u>Robert Belden</u>	
(Signature)	
District Clerk	
(Title)	
9-19-85	
(Date)	

OIL CONSERVATION COMMISSION	
SEP 27 1985	
APPROVED	BY
	<u>Frank J. [Signature]</u>
TITLE	SUPERVISOR DISTRICT
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.	