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	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 1-1-65

BHP Petroleum (Americas), Inc.	
P.O. Box 3280, Casper, WY 82602	
Reason(s) for filing (check proper box)	Other (Please explain)
<input type="checkbox"/> Well Completion	Change in Transporter of:
<input type="checkbox"/> Change in Ownership	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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		Kind of Lease	Lease No.
Well Name	Well No.	State, Federal or Fee	
O.H. Randel	9	Federal	NM03153
Location			
Unit Letter	E	1740 Feet From The North Line and 990 Feet From The West	
Line of Section	15	Township 26N Range 11W, NMPM, San Juan County	

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P.O. Box 256, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		P.O. Box 1492, El Paso, TX 79978
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When
	E 15 26N 11W	Yes

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

COMPLETION DATA		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Designate Type of Completion - (X)									
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)	
I. WELL			
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 - Bbls.

AS 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.

Nate Belden
(Signature)
District Clerk
9-19-85
(Date)

OIL CONSERVATION COMMISSION

RECEIVED
SEP 27 1985
OIL CON. DIV.
DIST. 3

APPROVED Frank J. Quigg
BY SUPERVISOR DISTRICT 3
TITLE _____

This form is to be filled 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 filled for each pool in multiply completed wells.