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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

BY BHP Petroleum (Americas), Inc.  
P.O. Box 3280, Casper, WY 82602

Reason(s) for filing (Check proper box)	Other (Please explain)
Well <input type="checkbox"/>	Change in Transporter of:
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE			
Well Name	Well No.	Pool Name, Including Formation	Kind of Lease
<u>Sallegos Canyon Unit</u>	<u>347</u>	<u>North Pinion - Fruitland</u>	State, Federal or Fee <u>Federal</u>
Lease No.			
<u>SF078106</u>			
Unit Letter <u>J</u> : <u>1520</u> Feet From The <u>South</u> Line and <u>1630</u> Feet From The <u>East</u>			
Line of Section	<u>15</u>	Township	<u>28N</u>
Range	<u>12W</u>	NMPM.	<u>San Juan</u>
County			

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS			
Signature of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Signature of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas Co.</u>		<u>P.O. Box 990, Farmington, NM 87401</u>	
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.
			Pgs.
			Is gas actually connected? <u>Yes</u> When _____

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Productions	Top Oil/Gas Pay
	Tubing Depth
	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)			
Date of 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

TEST 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 herein is true and complete to the best of my knowledge and belief.  
Dale Belden  
(Signature)  
District Clerk  
(Title)  
9-19-85  
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	<u>SEP 27 1985</u>
BY	<u>Frank J. Dwyer</u>
TITLE _____	
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.	