

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.	
Operator <b>BHP PETROLEUM (AMERICAS) INC.</b>	Well API No. <b>30-045-28726</b>
Address <b>P.O. BOX 977 FARMINGTON, NEW MEXICO 87499</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: *
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE				
Lease Name <b>GALLEGOS CANYON UNIT 2038</b>	Well No. <b>414</b>	Pool Name, including Formation <b>BASIN FRUITLAND COAL 71629</b>	Kind of Lease State, Federal or Fee	Lease No. *
Location <b>M 1120 SOUTH 950 WEST</b>				
Unit Letter : Feet From The Line and Feet From The Line				
Section <b>18</b> Township <b>28N</b> Range <b>11W</b> , NMPM, <b>SAN JUAN</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name 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)		
<b>Water 2805584</b>				
Name 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)		
<b>BHP PETROLEUM (AMERICAS) 2805583</b>		<b>P.O. BOX 977 FARMINGTON, NM 87499</b>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When?		
<b>YES</b>		<b>02-09-94</b>		
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'v	Diff Res'v
		<input checked="" type="checkbox"/>						
Date Spudded <b>09-26-92</b>	Date Compl. Ready to Prod. <b>02-11-93</b>		Total Depth <b>1660'</b>		P.B.T.D. <b>1542'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5539' GR</b>	Name of Producing Formation <b>FRUITLAND COAL</b>		Top Oil/Gas Pay <b>1437'</b>		Tubing Depth <b>1453'</b>			
Perforations <b>1437' - 47'</b>					Depth Casing Shoe <b>1658'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>8 3/4"</b>	<b>7" 20#</b>		<b>140'</b>		<b>85 SK CL "B" + ADD.</b>			
<b>6 1/4"</b>	<b>4 1/2" 10.5#</b>		<b>1658'</b>		<b>220SK 50/50 POZ. + ADD</b>			
	<b>2 3/8"</b>		<b>1453'</b>		<b>20 CL. "B" + ADD.</b>			

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 depth interval)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			<b>FEB 18 1994</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			<b>OIL CON. DIV. DIST. 3</b>

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>22</b>	<b>24 HRS</b>	<b>N/A</b>	<b>N/A</b>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<b>BACK PR.</b>	<b>0</b>	<b>405</b>	<b>3/8"</b>

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date Approved <b>FEB 18 1994</b>	
Signature <b>FRED LOWERY</b> OPERATIONS SUPERINTENDENT		By <b>Original Signed by CHARLES GHOLSON</b>	
Printed Name <b>02-17-94</b> (505) 327-1639 Title		Title <b>DEPUTY OIL &amp; GAS INSPECTOR, DIST. #3</b>	
Date		Telephone No.	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.