



LTR



Job separation sheet

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

OIL CONSERVATION DIVISION

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

Operator BHP PETROLEUM (AMERICAS) INC.	Well API No. 30-045-28760
Address P.O. BOX 977 FARMINGTON, NEW MEXICO 87499	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>	
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 GALLEGOS CANYON UNIT 2038	Well No. 418	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Fee	Lease No. SF 078905
Location L 2740 SOUTH 845 WEST Unit Letter _____ : _____ Feet From The _____ Line and _____ Feet From The _____ Line Section 13 Township 28N Range 12W ,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 type="checkbox"/> WATER POOL 2806102	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"/> BHP PETROLEUM (AMERICAS) 2806101	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 977 FARMINGTON, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected? YES		When? 02-09-94		

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 09-23-92	Date Compl. Ready to Prod. 02-18-93		Total Depth 1620'		P.B.T.D. 1582'			
Elevations (DF, RKB, RT, GR, etc.) 5607' GR	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 1488'		Tubing Depth 1510'			
Perforations 1488' - 98'					Depth Casing Shoe 1614'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4"	7" 20#	144'	80 SX CL. "B" + ADD.
6 1/4"	4 1/2" 10.5#	1614'	240SX 50/50 POZ. + ADD.
	2 3/8"	1510'	20 CL. "B" + ADD.

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 be for full 24 hours)			
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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Oil MCF

GAS WELL

Actual Prod. Test - MCF/D 190	Length of Test 24 HRS	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (prior, back pr.) BACK PR.	Tubing Pressure (Shut-in) 230	Casing Pressure (Shut-in) 300	Choke Size 3/8"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature FRED LOWERY
FRED LOWERY OPERATIONS SUPERINTENDENT
Printed Name
02-11-94 (505) 327-1639 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 28 1994**

By [Signature]
Title **SUPERVISOR DISTRICT #3**

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

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