

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 <b>BHP PETROLEUM (AMERICAS) INC.</b>		Well API No. <b>30-045-26367</b>
Address <b>P.O. BOX 977 FARMINGTON, NEW MEXICO 87499</b>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: <b>CHANGE POOL TO NORTH PINION</b> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <b>FRUITLAND SAND PER R8769</b> 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</b>	Well No. <b>358</b>	Pool Name, including Formation <b>NORTH PINION FRUITLAND SAND</b>	Kind of Lease State, Federal or <u>Fee</u>	Lease No. <b>* FEE</b>
Location Unit Letter <b>O</b> : <b>790</b> Feet From The <b>SOUTH</b> Line and <b>1620</b> Feet From The <b>EAST</b> Line Section <b>29</b> Township <b>29N</b> Range <b>12W</b> , <b>NMPM</b> , <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)					
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>EL PASO NATURAL GAS CO.</b>	<b>P.O. BOX 4990 FARMINGTON, NM 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <b>YES</b>	When? <b>1986</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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**RECEIVED**  
**JAN 21 1994**  
**OIL CON. DIV**  
**DIST. 3**

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### 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.

Fred Lowery  
**FRED LOWERY OPERATIONS SUPERINTENDENT**  
Printed Name **01-19-94** (505) 327-1639 Title  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

#### OIL CONSERVATION DIVISION

Date Approved **JAN 21 1993**  
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.