STA E OF NEW MEXICO. ENERGY AND MIDERALS DEPARTMENT

OIL CONSERVATION DIVISION

| | HOLLOWHERS | P. O. BO SANTA FE, NEV | OX 2088 W MEXICO 875 | 501 | | | | |
|-----|--|--|--|----------------|----------------------------------|-------------|--|--|
| | FILP U.S.G.S. | and the state of t | | | | | | |
| | REQUEST FOR ALLOWABLE AND | | | | | | | |
| | OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | | |
| 1. | Operator BHP Petroleum (Americas) Inc. | | | | | | | |
| | 5613 DTC Parkway, Ste. 600, Englewood, CO. 80111 | | | | | | | |
| | Reason(s) for filing (Check proper box) | | lease explain) | DEC 4 0 104 | | | | |
| | New Well | Change in Transporter of: | | | DEC 1 8 198 | | | |
| | Recomplation Change in Ownership | Oil Dry G Casinghead Gas Conde | F 1 | (| OIL CON. I | OIV. | | |
| | If change of ownership give name | | | | DIS1. 3 | | | |
| | and address of previous owner | | | | | | | |
| 11. | DESCRIPTION OF WELL AND I | Well No. Pool Name, Including F | `ormation | Kind of Lease | | Lease No. | | |
| | State Gas Comm 34 | ota | ta State, Federal or Fee State E-9230-1 | | | | | |
| | Unit Letter K : 1470 Feet From The South Line and 1470 Feet From The West | | | | | | | |
| | Line of Section 32 Tow | mship 29N Range] | , WE | мрм, San Ju | ıan | County | | |
| !п. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL G | AS | | | 1 | | |
| | Name of Authorized Transporter of Oil or Condensate A | | | | | | | |
| | Giant Refining Inc. Name of Authorized Transporter of Cas | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| | El Paso Gas Co. | P. O. Box 1492, El Paso, Texas 79978 Is gas actually connected? , When | | | | | | |
| | If well produces oil or liquids, give location of tanks. | | No | | W. O. Connect | ion | | |
| | If 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 Res'v. Diff. Res'v. | | | | | | | |
| | Designate Type of Completio | | New well works |) | 1 | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth 6400 | | P.B.T.D. 6365 | | | |
| | 2/20/86 Elevations (DF, RKB, RT, GR, etc.) | 3/18/86 Name of Producing Formation | Top Oli/Gas Pay | | Tubing Depth | | | |
| | GR 5882; KB 5895 | Dakota | 6148 | | 6150 Depth Casing Shoe | | | |
| | Petrolutions | | | | 6399 | | | |
| | | TUBING, CASING, AN | | CORD TH SET | SACKS C | EMENT | | |
| | 12 1/4" | 8 5/8" | 304 | | 295 ft ³ | | | |
| | 7 7/8" | 4 1/2" | 6399 | . ~ | 890 ft ³ ⊘ | 828 | | |
| | | 23/8 | 6/5-3 | | <u> </u> | | | |
| Ÿ. | 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) | | | | | | | |
| | OIL WELL Date First New Oil Run To Tanks | Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | | Choke Size | | | |
| | 20.4 | Oil-Bbls. | Water - Bbls. | | Gas-MCF | | | |
| | Actual Prod. During Test | | | | 1 | | | |
| | GAS WELL | | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/ | | Gravity of Condense | at • | | |
| | Teating Method (pirot, back pr.) | 24 hr. Tubing Pressure (Shut-in) | 254 Cosing Preseure (| sbut-in) | Choke Size | | | |
| | Flowing | 120 flow | 565 | | 1/2" | | | |
| 1. | . CERTIFICATE OF COMPLIANCE | | 01 | L CONSERVAT | TION DIVISION DEC | 1300 | | |
| | 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. | | Original Signed by FRANK T. CHAVEZ | | | | | |
| | | | TITLE SUPERVICES DISTRICT IN F | | | | | |
| | \sim \sim \sim \sim | | TITLE This form is to be filed in compliance with NULE 1104. | | | | | |
| | (Coutle) (dd en | | The state of the s | | | | | |
| | (Signature) Petroleum Engineer | | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. | | | | | |
| | (Title) | | All sections of this form must be filled out completely for allowable on new and recompleted wells. | | | | | |
| | December 16, 199 | | 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. | | | | | |
| | (170 | Separate Forms C-104 must be filed for each pool in multiply completed wells. | | | | | | |

TABULATION OF DEVIATION TEST
BHP PETROLEUM (AMERICAS) INC.

State Gas Com 'BQ' No. 2

| DEPTH | DEVIATION | |
|-------|-----------|-----|
| 307 | | 1/4 |
| 810 | | 1/2 |
| 1332 | | 3/4 |
| 1671 | | 3/4 |
| 2013 | | 3/4 |
| 2350 | | 3/4 |
| 2695 | 2 | 3/4 |
| 2975 | | 3/4 |
| 3232 | | 1/2 |
| 3773 | | 1/2 |
| 4360 | | 3/4 |
| 4928 | | 3/4 |
| 5454 | | 3/4 |
| 6168 | | 3/4 |
| 6400 | | 3/4 |

AFFIDAVIT

My Commission Expires June 19 1989