

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501RECEIVED  
JUL 11 1988  
OIL CON. DIV  
DIST. 3REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator BHP PETROLEUM (AMERICAS) INC.	
Address 5613 DTC Parkway, Ste. 600, Englewood, CO. 80111	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 367	Pool Name, including Formation West Kutz Pictured Cliffs	Kind of Lease State, Federal or Fee Fed	Lease No. SF-078109
Location Unit Letter <u>F</u> : <u>1560</u> Feet From The <u>North</u> Line and <u>1625</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>29N</u> Range <u>12W</u> , NMPM, San Juan County				

## II. 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)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	WO Pipeline

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.
		X	X					
Date Spudded 5/3/88	Date Compl. Ready to Prod. 5/26/88	Total Depth 1583'	P.B.T.D. 1541'					
Elevations (DF, RKB, RT, GR, etc.) 5588' GR, 5592' KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1455'	Tubing Depth 1472'					
Perforations 1455' - 1470' with 1 JSPF, 16 shots, 0.39"			Depth Casing Shoe 1582'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 7/8"	7", 20#	128'	65	sx (76.7 ft <sup>3</sup> ) CL G +add.				
6 1/4"	4 1/2", 10.5#	1582'	205	sx (287 ft <sup>3</sup> ) 50-50 poz +add.				
	2 3/8"	1472'						

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 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

## GAS WELL

Actual Prod. Test-MCF/D 543	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Test separator	Tubing Pressure (Shut-in) 160	Casing Pressure (Shut-in) 160	Choke Size 3/8"

## VI. 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)  
Petroleum Engineer

(Title)

7/7/88

(Date)

## OIL CONSERVATION DIVISION

JUL 11 1988

APPROVED \_\_\_\_\_

BY \_\_\_\_\_ Original Signed by FRANK T. CHAVEZ

TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

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.