

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. 30-045-28067
Address P.O. BOX 977 FARMINGTON, NM 87499		
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 GALLEGOS CANYON UNIT 2038	Well No. 506	Pool Name, including Formation W. KUTZ PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No. B-9145
Location Unit Letter <u>L</u> : <u>1465</u> Feet From The <u>SOUTH</u> Line and <u>1095</u> Feet From The <u>WEST</u> Line Section <u>16</u> Township <u>29N</u> Range <u>12W</u> , NMPM, <u>SAN JUAN</u> 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)					
BHP PETROLEUM (AMERICAS) INC. 567230	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?	When?
					NO	

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	Drift Res'v
		X	X					
Date Spudded 11-13-90	Date Compl. Ready to Prod. 01-01-91		Total Depth 1745'		P.B.T.D. 1706'			
Elevations (DF, RKB, RT, GR, etc.) 5593' GR	Name of Producing Formation W. KUTZ PICTURED CLIFF		Top Oil/Gas Pay 1576'		Tubing Depth 1605'			
Perforations PRODUCING INTERVAL 1576'-1604' PERFORATIONS 1576'-1604' @ 4 JSPE					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7" 20#		143' KB		125 sxs "B" + additives			
6-1/4"	4-1/2" 10.5#		1733' KB		285 sxs 50/50 poz. &			
	2-3/8" 4.7#		1605'		30 sxs "B" + additives			

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.
		Gas - NOV 8 1991

GAS WELL

Actual Prod. Test - MMCF/D 1138	Length of Test 24 HOURS	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (prior, back pr.) TEST SEPARATOR-BACK P.	Tubing Pressure (Shut-in) 341	Casing Pressure (Shut-in) 369	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  
Printed Name  
11-06-91  
Date  
OPERATIONS SUPT.  
Title  
327-1639  
Telephone No.

OIL CONSERVATION DIVISION

NOV 08 1991

Date Approved  
By  
SUPERVISOR DISTRICT #3  
Title

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.