Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Notions of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DIST RICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

BHP PETROLEUM (AN			OIL AND NATURAL (Well Al'I No.		
Address		· · · · · · · · · · · · · · · · · · ·		30-045-2	30-045-28068	
P.O. BOX 977 FARM Reason(s) for Filing (Check proper box	MINGTON, NM	87499				
New Well	•	nge in Transporter of:	Other (Please ex	plain)		
Recompletion [_]	Oil	Dry Gas				
Change in Operator	Casinghead Ga					
If change of operator give name and address of previous operator						
II. DESCRIPTION OF WELL						
GALLEGOS CANYON L	JNIT 5	No. Pool Name, Inc. 13 W. KUTZ	luding Formation PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No.	
Location	· · · · · · · · · · · · · · · · · · ·		021770	7.000.00		
Unit Letter H	: <u>1560</u>	Feet From The	NORTH Line and 7	95 Feet From The	EAST Line	
Section 34 Township 29N Range		21/				
				SAN JUAN	County	
III. DESIGNATION OF TRA	NSPORTER O	FOIL AND NAT	TURAL GAS			
The state of the s		Ondensate []	Address (Give address to)	which approved copy of this form	is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X			Address (Give address to which approved copy of this form is to be sent)			
BHP PETROLEUM (AM If well pressures oil or liquids,	MERICAS) INC.		P.O. BOX 977	P.O. BOX 977 FARMINGTON, NM 87499		
give location of tanks.	Unit Sec.	Twp. R	ge. Is gas actually connected?	When ?	•	
If this production is conuningled with tha	it from any other lead	se or pool, give commi	ingling order number			
IV. COMPLETION DATA						
Designate Type of Completion	joii n - (X)	Well Gas Well	1	Deepen Plug Back Sai	me Res'v Diff Res'v	
Date Spaidded	Date Compl. Rea	dy to Prod.	Total Depth			
10-08-90		07-90	1455'	P.B.T.D.	14171	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produci		Top Oil/Gas Pay	Tubing Depth	1417'	
Perforations 5345 GR	<u> PICTUR</u>	E CLIFF	1310'		1329'	
1310' - 1320'	4 JSPF			Depth Casing Si		
		YG, CASING AN	D CEMENTING RECOF	31)	1446'	
HOLE SIZE	CASING	& TUBING SIZE	DEPTH SET		CKS CEMENT	
8-3/4" 6-1/4"	7"	23#	134		L. "B" + ADDIT	
0-1/4	4-1/2"	10.5#	1446'	130 sk 5	0/50 POZ &	
	2-3/8"	4.7#	1329'	40 sk C	L. "B" + ADDIT	
V. TEST DATA AND REQUE OIL WELL — Test must be after	ST FOR ALLO	WABLE			······································	
Date First New Oil Run To Tank	recovery of total volt	ume of load oil and mi	us be equal to or exceed top all	owable for this depth or be for f	ull 24 hours)	
Date of Test		Producing Method (Flow, pump, gas ly				
ngth of Test Tubing Pressure			Casing Pressure	Choke Size		
Actual Prod. During Test					1992	
The state of the s	Oil - Bbts.		Water - Bbla.	Gas- MCF		
GAS WELL				DIT CO		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	DIST		
312	24			Gravity of Conde	ensale	
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut in)	Choke Size		
BACK PRESSURE VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE		414		318	
I necess certify that the rules and regul	ations of the Oil Co.		OII CON	ICEDIATION DU		
Division have been complied with and	that the information	niver at a		ISERVATION DIV	VISION	
is true and complete to the best of my l	knowledge and belief	г.	Date Approve	d APR 1 4 199	32	
JRED LOWIN			Sara Whilesa	U		
O (By			
FRED LOWERY OPERATIONS SUPT.			SUPERVISOR DISTRICT			
04-13-92	(<u>50</u> 5)	327-1639	Title	SUFERVISOR DIST	HICT #\$	
	1	elephone No.	{}			

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
- 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 exxl in multiply completed wells.