

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. 30-045-28118
Address P.O. BOX 977 FARMINGTON NM 87499		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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	Well No. 397	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Fee	Lease No. E5462-4
Location Unit Letter <u>K</u> : <u>1555</u> Feet From The <u>SOUTH</u> Line and <u>1965</u> Feet From The <u>WEST</u> Line Section <u>36</u> Township <u>29N</u> Range <u>13W</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)	
EL PASO NATURAL GAS	P.O. BOX 990 FARMINGTON, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? YES
		When? 09/25/91

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 10/29/91	Date Compl. Ready to Prod. 02/08/91	Total Depth 1448'	P.B.T.D. 1395'					
Elevations (DF, RKB, RI, GR, etc.) 5473' GR	Name of Producing Formation BASIN FRUITLAND COAL	Top Oil/Gas Pay 1268'	Tubing Depth 1319'					
Perforations 1268'-1284' @ 4 JSPF (64 holes @ .38" in diameter)			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 8-3/4"	CASING & TUBING SIZE 7"	DEPTH SET 133'	SACKS CEMENT 100 sks "B" + additives					
6-1/4"	4-1/2"	10.5#	195 sks 50/50 POZ + add					
	2-3/8"	4.7#	30 sks "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
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
Producing Method (Flow, pump, gas lift, etc.)	
Casing Pressure	
Water - Bbls.	
Choke Size	
Gas-MCF	
OIL CON. DIV.	
DIST. 3	
GAS WELL	
Actual Prod. Test - MCF/D 195	Length of Test 24 hours
Testing Method (pilot, back pr.) PUMPING	Tubing Pressure (Shut in) 0
Bbls. Condensate/MMCF 0	
Gravity of Condensate N/A	
Casing Pressure (Shut in) 210	
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.

FRED LOWERY
Signature
FRED LOWERY
Printed Name
10/03/91
Date
OPERATIONS SUPT.
Title
327-1639
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 04 1991

By [Signature]
Title SUPERVISOR DISTRICT 13

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.