

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. 30-045-28155
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	Well No. 504	Pool Name, including Formation W. KUTZ PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No. SF 078370
Location Unit Letter <u>C</u> : <u>925</u> Feet From The <u>NORTH</u> Line and <u>1490</u> Feet From The <u>WEST</u> Line Section <u>17</u> Township <u>29N</u> Range <u>12W</u> , NMPL, <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.	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	Deepens	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 09-09-90	Date Compl. Ready to Prod. 11-15-90		Total Depth 1709' TD		P.B.T.D. 1660' PBT.D.			
Elevations (DF, RKB, RT, GR, etc.) 5589' GR	Name of Producing Formation W. KUTZ PICTURED CLIFF		Top Oil/Gas Pay 1571'		Tubing Depth 1599.57' KB			
Perforations PRODUCING INTERVALS 1571'-1679' PERFORATIONS 1573'-1590' @ 2 JSPF					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7" 20#		134'		60 sxs "G" + additives			
6-1/4"	4-1/2" 10.5#		1699'		200 sxs 50/50 poz + add			
	2-3/8" 4.7#		1599.57' KB		50 sxs "G" + 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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test	Casing Pressure	Well Size
Length of Test	Tubing Pressure	Water - Bbls.	NOV 8 1991
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	OIL CON

#### GAS WELL

Actual Prod. Test - MCF/D 195	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) 270	Casing Pressure (Shut-in) 304	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 OPERATIONS SUPT.  
Printed Name  
11-06-91 Date  
327-1639 Telephone No.

#### OIL CONSERVATION DIVISION

NOV 8 1991

Date Approved  
By  
SUPERVISOR DISTRICT 18  
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.