

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 Grande Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BHP PETROLEUM (AMERICAS) INC.		Well API No. 30-045-28170
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. 509	Pool Name, including Formation W. KUTZ PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>D</u> : <u>978</u> Feet From The <u>NORTH</u> Line and <u>1148</u> Feet From The <u>WEST</u> Line Section <u>28</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)					
EL PASO NATURAL GAS CO.	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?	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	Diff Res'v
		X	X					
Date Spudded 01-06-91	Date Compl. Ready to Prod. 02-18-91		Total Depth 1415'		P.B.T.D. 1363'			
Elevations (DF, RKB, RT, GR, etc.) 5329 GR	Name of Producing Formation W. KUTZ PICTURED CLIFF		Top Oil/Gas Pay 1273'		Tubing Depth 1211'			
Perforations 1273'-1289' 4JSPF 16 HOLES .39" DIA.					Depth Casing Shoe 1412'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4"	7" 20#		130'		125 sk cl."B" + add.			
6 1/4"	4 1/2" 10.5#		1412'		260 sk 50/50 poz + add.			
	2 3/8" 4.7#		1211'		20 sk cl."B" + add.			

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 of well or full flow test.)			
Date First New Oil Run To Tank	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 142	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 250	Casing Pressure (Shut-in) 265	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 FRED LOWERY OPERATIONS Supt
Title
Date 9-14-91 327-1639
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 16 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.

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
PO Drawer DL, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Amoco Production Company 1670 Broadway P.O. Box 800 Denver, Colorado 80201		² OGRID Number 000778
		³ Reason for Filing Code CH Effective 5-01-1996
⁴ API Number 30-045-28170	⁵ Pool Name West Kutz Pictured Cliffs	⁶ Pool Code 79680
⁷ Property Code 00570	⁸ Property Name Gallegos Canyon Unit	⁹ Well No. 509

II. ¹⁰ Surface Location

UL or lot no. D	Section 28	Township 29N	Range 12W	Lot Idn	Feet from the 978	North/South line NORTH	Feet from the 1148	East/West line WEST	County SAN JUAN
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¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Lse Code P	¹³ Producing Method Code Pumping	¹⁴ Gas Connection Date 01/1992	¹⁵ C-129 Permit Number N/A	¹⁶ C-129 Effective Date N/A	¹⁷ C-129 Expiration Date N/A				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID 778	¹⁹ Transporter Name and Address Amoco Production Co. P.O. Box 800 Denver, CO 80201	²⁰ POD 2810978	²¹ O/G G	²² POD ULSTR Location and Description

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBSD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules of the Oil Conservation Division have been complied with and the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Patty Haefele</i> Printed Name: Patty Haefele Title: Staff Assistant Date: April 5, 1996 Phone: (303) 830-4988		OIL CONSERVATION DIVISION Approved by: <i>J.C. Harris</i> Title: SUPERVISOR DISTRICT #3 Approval Date: APR 26 1996	
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⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator <i>J.C. Harris</i> Previous Operator Signature		J.C. Harris Printed Name BHP Petroleum (Americas), Inc.		Operations Superintendent Title OGRID Number: 2217		April 1, 1996 Date	
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