

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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. 30-045-28235
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. 505	Pool Name, including Formation W. KUTZ PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No. SF 080491
Location				
Unit Letter P	1204	Feet From The SOUTH	Line and 1160	Feet From The EAST
Section 17	Township 29N	Range 12W	NMPM	SAN JUAN
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.
	Twsp.	Rge.
		Is gas actually connected?
		When?

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	Drill Res'v
		X	X					
Date Spudded 11-09-90	Date Compl. Ready to Prod. 12-16-90		Total Depth 1815'		P.B.T.D. 1749' PBTD			
Elevations (DF, RKB, RT, GR, etc.) 5393' GR	Name of Producing Formation W. KUTZ PICTURED CLIFF		Top Oil/Gas Pay 1660'		Tubing Depth 1693'			
Perforations PRODUCING INTERVALS 1660'-1740' PERFORATIONS 1662'-1675' @ 4 JSPF					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7" 23#		130'		200 sxs "8" + additives			
6-1/4"	4-1/2" 10.5#		1804'		240 sxs 50/50 poz &			
	2-3/8" 4.7#		1693'		45 sxs "8" + 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 run)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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OIL CON. DIV.

DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 366	Length of Test 24 HOURS	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (prior, back pr.) TEST SEPARATOR-BACKPR	Tubing Pressure (Shut-in) 151	Casing Pressure (Shut-in) 156	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

Date Approved
JAN 10 1992

By
Original Signed by FRANK T. CHAVEZ

Title
SUPERVISOR DISTRICT # 3

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.