

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. 30-045-28308
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. 386	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Fee	Lease No. SF 080614
Location Unit Letter <u>A</u> : <u>820</u> Feet From The <u>NORTH</u> Line and <u>915</u> Feet From The <u>EAST</u> Line Section <u>13</u> Township <u>29N</u> Range <u>13W</u> , <u>NMPM</u> , <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? <u>NO</u>
		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	Diff Res'v
		X	X					
Date Spudded 10-03-91	Date Compl. Ready to Prod. 11-10-91	Total Depth 1579'		P.B.T.D. 1560'				
Elevations (DF, RKB, RT, GR, etc.) 5496' GR	Name of Producing Formation BASIN FRUITLAND COAL	Top Oil/Gas Pay 1157.25'		Tubing Depth 1405'				
Perforations PRODUCING INTERVALS 1157.25'-1402.50' PERFORATIONS 1373'-1397'				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7"	23#	132'		100 sxs class "B" + add.			
6-1/4"	4-1/2"	10.5#	1576'		110 sxs 50/50 poz. &			
	2-3/8"	4.7#	1405'		75 sxs class "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 or be for full 24 hours)			
Date First New Oil Rns 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
			OIL CON. DIV. 1

GAS WELL

Actual Prod. Test - MCF/D 243	Length of Test 24 HOURS	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (prior, back pr.) PUMPING	Tubing Pressure (Shut-in) 188	Casing Pressure (Shut-in) 326	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
11-05-91
Date
OPERATION SUPT.
Title
327-1639
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 20 1991

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.