

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 B.H.P. PETROLEUM (AMERICAS) INC.		Well API No. 30-045-28365
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. 511	Pool Name, including Formation W. KUTZ PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No. SF079907
Location Unit Letter <u>D</u> : <u>745</u> Feet From The <u>NORTH</u> Line and <u>1080</u> Feet From The <u>WEST</u> Line Section <u>26</u> Township <u>29N</u> Range <u>12W</u> , NMPL 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)	
EL PASO NATURAL GAS COMPANY	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? 08-05-91

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 11-26-90	Date Compl. Ready to Prod. 02-23-91		Total Depth 1606'		P.B.T.D. 1565'			
Elevations (DF, RKB, RT, GR, etc.) 5455 GR 5465 KB	Name of Producing Formation PICTURED CLIFFS		Top Oil/Gas Pay 1468'		Tubing Depth 1529'			
Perforations 1468' - 1490' W/4JSPF, 88 HOLES @ .35" DIA.					Depth Casing Shoe 1594'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 8 3/4"	CASING & TUBING SIZE 7" 20#		DEPTH SET 143'		SACKS CEMENT 125 SK (147.5 cuft) CL			
6 1/4"	4 1/2" 10.5#		1596'		323 SK (406.98 cuft)			
	2 3/8"		1529'		50-50 POZ + ADD. 58 g.			

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	Producing Method (Flow, pump, gas lift, etc.)	Well Size
			AUG 07 1991.
Length of Test	Tubing Pressure	Casing Pressure	Oil - MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	OIL CON. DIV.

GAS WELL

Actual Prod. Test - MCF/D 703	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pure, back pr.) TEST SEPARATOR	Tubing Pressure (Shut-in) 450	Casing Pressure (Shut-in) 461	Choke Size 18/64

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 AUGUST 5, 1991 Title 327-1639
Date AUGUST 5, 1991 Telephone No. 327-1639

OIL CONSERVATION DIVISION

Date Approved AUG 07 1991

By Original Signed by CHARLES GHOLSON

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.