

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

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

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>BHP PETROLEUM (AMERICAS) INC.</b>		Well API No. <b>30-045-28605</b>
Address <b>P.O. BOX 977 FARMINGTON, NM 87499</b>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 <b>GALLEGOS CANYON UNIT</b>	Well No. <b>521</b>	Pool Name, including Formation <b>W. KUTZ PICTURED CLIFF</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>L</b> : <b>1613</b> Feet From The <b>SOUTH</b> Line and <b>584</b> Feet From The <b>WEST</b> Line Section <b>36</b> Township <b>29N</b> Range <b>12W</b> , <b>NMPM</b> , <b>SAN JUAN</b> 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)	
<b>BHP PETROLEUM (AMERICAS) INC.</b>	<b>P.O. BOX 977 FARMINGTON, NM 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
If this production is commingled with that from any other lease or pool, give commingling order number:	Is gas actually connected?	When?
	<b>NO</b>	

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<b>X</b>	<b>X</b>					
Date Spudded <b>11-04-91</b>	Date Compl. Ready to Prod. <b>12-11-91</b>		Total Depth <b>1550'</b>		P.B.T.D. <b>1490'</b>			
Elevations (DF, RKB, RI, GR, etc.) <b>5393' GR</b>	Name of Producing Formation <b>PICTURED CLIFF</b>		Top Oil/Gas Pay <b>1372'</b>		Tubing Depth <b>1427'</b>			
Perforations <b>1372' - 1401' 4 JSPP</b>				Depth Casing Shoe <b>1551'</b>				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>8-3/4"</b> <b>6-1/4"</b>	CASING & TUBING SIZE <b>7" 20#</b> <b>4-1/2" 10.5#</b> <b>2-3/8" 4.7#</b>		DEPTH SET <b>139'</b> <b>1551'</b> <b>1427'</b>		SACKS CEMENT <b>125 sk CL."B" + ADD.</b> <b>225 sk 50/50 POZ. &amp;</b> <b>20 sk CL."B" + ADD.</b>			

### 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 lyr.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL		OIL CON. DIV.!	
Actual Prod. Test - MCF/D	Length of Test	DIST. 3	
<b>461</b>	<b>24 HRS.</b>		
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Gravity of Condensate	
<b>BACK PRESS.</b>	<b>425</b>	Choke Size	
		<b>12/64"</b>	

Actual Prod. Test - MCF/D	Length of Test
<b>461</b>	<b>24 HRS.</b>
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)
<b>BACK PRESS.</b>	<b>425</b>

### 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 Title OPERATIONS SUPT.  
Date 04-13-92 Telephone No. (505) 327-1639

### OIL CONSERVATION DIVISION

Date Approved APR 14 1992  
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 well information.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.