

OIL CONSERVATION DIVISION

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

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 BHP PETROLEUM (AMERICAS) INC.		Well API No. 30-045-28764
Address P.O. BOX 977 FARMINGTON, NEW MEXICO 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 2038	Well No. 411	Pool Name, Including Formation BASIN FRUITLAND COAL 71629	Kind of Lease State, Federal or Fee	Lease No. SP078109
Location M 1000 SOUTH 790 WEST				
Unit Letter : Feet From The Line and Feet From The Line				
Section 34 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 checked="" type="checkbox"/> WALN POOL # 2805834	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"/> BHP PETROLEUM (AMERICAS) 2805833	Address (Give address to which approved copy of this form is to be sent) 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? YES	When? 02-09-94

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 <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-19-92	Date Compl. Ready to Prod. 01-04-93		Total Depth 1622'		P.B.T.D. 1540'			
Elevations (DF, RKB, RT, GR, etc.) 5565' GR	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 1464'		Tubing Depth 1485'			
Perforations 1464' - 74'					Depth Casing Shoe 1617'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4"	7" 20#	144'	100 SK CL"B"+ADD.
6 1/4"	4 1/2" 10.5#	1617'	260SK 50/50 POZ.+ADD
	2 3/8"	1485'	25 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 or be for full 24 hours.)			
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 80	Length of Test 24 HRS	Bbls. Condensate/MMCF 11.5	Gravity of Condensate N/A
Testing Method (prior, back pr.) BACK PR.	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 217	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.

FRED LOWERY
Signature
FRED LOWERY
Printed Name
OPERATIONS SUPERINTENDENT
Title
02-17-94
Date
(505) 327-1639
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 18 1994**

By Original Signed by CHARLES GIBLSON

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.