UNITED STATES DEPARTMENT OF THE INTERIOR MANAGEMENT ELVED LAND BUREAU OF

[] Other

SUNDRY NOTICES AND REPORTS ON WELLS IN ROOM

5.	Lease	Designation	and	Serial	No.
NM06237					

L						
6.	Ιf	Indian,	Allottee	or	Tribe	Name

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir

Use "APPLICATION FOR PERMIT-" for such proposals - |

SUBMIT IN TRIPLICATE ANNINGTON, NM

7. If Unit or CA, Agreement Designation Gallegos Canyon

1. Type of Well

Oil [X] Well [] Well

8. Well Name and No.

Gallegos Canyon Unit # 540

2. Name of Operator

BHP Petroleum (Americas) Inc.

9. API Well No.

Not Assigned

3. Address and Telephone No.

P. O. Box 977, Farmington, New Mexico 87499, 505 - 327 - 1639

10. Field and Pool or Exploratory Area West Kutz Pictured Cliffs

4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1460 ' FNL - 790 ' FEL, Section 21, T29N, R12W, NMPM

11. County or Parish, State

San Juan, New Mexico

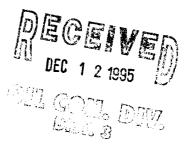
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12.

TYPE OF SUBMISSION	TYPE OF ACTION			
[X] Notice of Intent [] Subsequent Report [] Final Abandonment Notice	[] Abandonment [] Recompletion [] Casing Repair [] Plugging Back [] Altering Casing [X] Other Pipeline Sizes	[] Change of Plans [] New Construction [] Non-Routine Fracturing [] Water Shut-Off [] Conversion to Injection [] Dispose Water		

13. Describe Proposed or Completed Operations (Clearly state all pertinent details)
BHP Petroleum (Americas) Inc. proposes to use the following line sizes for the pipeline(s) referenced in the APD.

Gas Line: Minimum of 2 " nominal, 0.154 " wall, plain end, API 5L Grade B line pipe. System operating pressure will be 50 psig. MAOP = 250 psig. Line will be hydrostatically tested to 500 psig prior to being placed in service.

Water Line: Minimum of 2 " nominal SDR 7 poly pipe. Pipe will be tested to 100 psig prior to being placed in service.



4. I hereby certify that the foregoing is true and correct Signed ** ** ** ** ** ** ** ** ** ** ** ** **	Title	Operations Superintendent	Date 12-/1/95	
(This space for Federal or State office use) Approved by Conditions of approval, if any:	Title	APPR AS AM	OVED ENDED	
conditions of approvat, if any.			98 1995	
		/ DISTHIC	MANAGE	