

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.
SF078109

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
Gallegos Canyon

8. Well Name and No.
Gallegos Canyon Unit # 541

9. API Well No. 30-045-29322
Not Assigned

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

11. County or Parish, State
San Juan, New Mexico

SUBMIT IN TRIPLICATE 070 FARMINGTON, NM

1. Type of Well Oil Gas
[] Well [X] Well [] Other

2. Name of Operator
BHP Petroleum (Americas) Inc.

3. Address and Telephone No.
P. O. Box 977, Farmington, New Mexico 87499, 505 - 327 - 1639

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
790 ' FSL - 1720 ' FEL, Section 21, T29N, R12W, NMPM

0

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other.. Pipeline Sizes
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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 referenced in the APD.

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

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

14. 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
AS AMENDED

Approved by

Title

Date

Conditions of approval, if any:

DEC 08 1995

DISTRICT MANAGER