

District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

|   |   |   |
|---|---|---|
| <sup>1</sup> Operator name and Address<br><br>BHP PETROLEUM (AMERICAS) INC.<br>P.O. BOX 977<br>FARMINGTON, NEW MEXICO 87499 |   | <sup>2</sup> OGRID Number<br><br>2217         |
|   |   | <sup>3</sup> Reason for Filing Code<br><br>CG |
| <sup>4</sup> API Number<br>30 - 0 45-11227  | <sup>5</sup> Pool Name<br>BLANCO MESA VERDE | <sup>6</sup> Pool Code<br>72319               |
| <sup>7</sup> Property Code<br>2040  | <sup>8</sup> Property Name<br>MONTOKA COM.  | <sup>9</sup> Well Number<br># 1               |

II. <sup>10</sup> Surface Location

| Ul or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County   |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|----------|
| N             | 25      | 32N      | 13W   |         | 990'          | FSL              | 1650'         | FWL            | SAN JUAN |

<sup>11</sup> Bottom Hole Location

| Ul or lot no.                 | Section  | Township                                   | Range                                    | Lot Idn                                   | Feet from the                              | North/South line | Feet from the | East/West line | County |
|-------------------------------|--|--|--|---|--|------------------|---------------|----------------|--------|
|                               |  |  |  |   |  |                  |               |                |        |
| <sup>12</sup> Loc Code<br>FEE | <sup>13</sup> Producing Method Code<br>FLOWING | <sup>14</sup> Gas Connection Date<br>----- | <sup>15</sup> C-129 Permit Number<br>N/A | <sup>16</sup> C-129 Effective Date<br>N/A | <sup>17</sup> C-129 Expiration Date<br>N/A |                  |               |                |        |

III. Oil and Gas Transporters

| <sup>18</sup> Transporter OGRID | <sup>19</sup> Transporter Name and Address                                      | <sup>20</sup> POD | <sup>21</sup> O/G | <sup>22</sup> POD ULSTR Location and Description |
|---------------------------------|---|-------------------|-------------------|--|
| 25244                           | WILLIAMS GAS PROCESSING<br>P.O. BOX 58900<br>SALT LAKE CITY, UTAH<br>84158-0900 |                   | GAS               |  |
|                                 |   |                   |                   |  |
|                                 |   |                   |                   |  |
|                                 |   |                   |                   |  |
|                                 |   |                   |                   |  |
|                                 |   |                   |                   |  |

IV. Produced Water

| <sup>23</sup> POD | <sup>24</sup> POD ULSTR Location and Description |
|-------------------|--|
|                   |  |

V. Well Completion Data

| <sup>25</sup> Spud Date | <sup>26</sup> Ready Date           | <sup>27</sup> TD        | <sup>28</sup> PBTD         | <sup>29</sup> Perforations |
|-------------------------|------------------------------------|-------------------------|----------------------------|----------------------------|
|                         |                                    |                         |                            |                            |
| <sup>30</sup> Hole Size | <sup>31</sup> Casing & Tubing Size | <sup>32</sup> Depth Set | <sup>33</sup> Sacks Cement |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |

VI. Well Test Data

| <sup>34</sup> Date New Oil | <sup>35</sup> Gas Delivery Date | <sup>36</sup> Test Date | <sup>37</sup> Test Length | <sup>38</sup> Tbg. Pressure | <sup>39</sup> Csg. Pressure |
|----------------------------|---------------------------------|-------------------------|---------------------------|-----------------------------|-----------------------------|
| <sup>40</sup> Choke Size   | <sup>41</sup> Oil               | <sup>42</sup> Water     | <sup>43</sup> Gas         | <sup>44</sup> AOF           | <sup>45</sup> Test Method   |
|                            |                                 |                         |                           |                             |                             |

|   |   |
|---|---|
| <sup>46</sup> I hereby certify that the rules 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.<br>Signature: <i>J. C. Harris</i><br>Printed name: J. C. HARRIS<br>Title: PRODUCTION SUPERINTENDENT<br>Date: 7-1-95<br>Phone: (505) 327-1639 | <b>OIL CONSERVATION DIVISION</b><br>Approved by: <i>328</i><br>SUPERVISOR DISTRICT #3<br>Title:<br>Approval Date: JUL 12 1995 |
|---|---|

|  |              |       |      |
|--|--------------|-------|------|
| <sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator |              |       |      |
| Previous Operator Signature  | Printed Name | Title | Date |
|  |              |       |      |

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.  
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:  
NW New Well  
RC Recompletion  
CH Change of Operator  
AO Add oil/condensate transporter  
CO Change oil/condensate transporter  
AG Add gas transporter  
CG Change gas transporter  
RT Request for test allowable (Include volume requested)  
If for any other reason write that reason in this box.
- The API number of this well
- The name of the pool for this completion
- The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion
- The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.
- The bottom hole location of this completion
- Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
- The producing method code from the following table:  
F Flowing  
P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion
- The gas or oil transporter's OGRID number
- Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- Product code from the following table:  
O Oil  
G Gas
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- Inside diameter of the well bore
- Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner shows top and

bottom.

- Number of sacks of cement used per casing string
- The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
- MO/DA/YR that new oil was first produced
  - MO/DA/YR that gas was first produced into a pipeline
  - MO/DA/YR that the following test was completed
  - Length in hours of the test
  - Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
  - Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
  - Diameter of the choke used in the test
  - Barrels of oil produced during the test
  - Barrels of water produced during the test
  - MCF of gas produced during the test
  - Gas well calculated absolute open flow in MCF/D
  - The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
If other method please write it in.
  - The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
  - The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person