Submit 5 Copies
Appropriate District Office
DISTRICT
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II
P.O. Drawer DD, Astesia, NM \$4210

OLL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brosos Rd., Aziec, NM 87410

REQUEST FOR ALLOWARI E AND ALITHORIZATION

BHP PETROLEUM (AME BANGE P.O. BOX 977 FAR BANGE) FOR Filing (Check proper box) BW Well Anage in Operator Change of operator give name and address of previous operator DESCRIPTION OF WELL ANAGE Name E.H. PIPKIN	MERICAS) RMINGTON Oil Chainghead	INC.			AND NA	. U. IAL G	73					
P.O. BOX 977 FAR BESCO(S) for Filing (Check proper box) SW Well BESCOMPLETON Change is Operator Change of operator give name Staddress of previous operator DESCRIPTION OF WELL BESCON DESCRIPTION OF WELL BESCON DESCRIPTION OF WELL CONTROL CONTRO	RMINGTON Oil Chainghead							Wall	UPI No.			
P.O. BOX 977 FAR pasco(s) for Filing (Check proper box) www.ell prompletion pange is Operator phange of operator give name address of previous operator DESCRIPTION OF WELL page Name	Oil Casinghead	NM 8	MERICAS) INC.								545	
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w Well completion Lange is Operator Lange of operator give name address of previous operator DESCRIPTION OF WELL Me Name	Oil Casinghead		87499							•		
completion	Oil Casinghead	~ !-	T	_	C) On	u (Please exp	lain)					
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Me Name	AND											
ase Name	AND LEAS	SE.										
E.H. PIPKIN			Pool Nam	ne. Includi	ng Formation			W:- A				
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Section 1 Township	27N		Range	11W	N	APM.	S	AN J	JAN		_	
						11 144			-		County	
DESIGNATION OF TRAN	SPORTER	OF OI	L AND	NATU	RAL GAS							
me of Authorized Transporter of Oil	°	or Conden	sale [$\overline{}$	Address (Giv	eddress 10 w	hich a	prowd	copy of this f	orm is to be s	en)	
me of Authorized Tanasana of G												
me of Authorized Transporter of Casing SUNTERRA GAS GATH	PRENC CO	,L.	or Dry C		Address (Giv	eddress to w	hich o	proved	copy of this f	OFM is 10 be 1	en)	
well produces oil or liquids.			<u> </u>		P.U.	BOX 1895	BL BL	OOMF	IELD NM	87413		
location of tanks.	1000 13	iec.	Twp	Rge.	is gas actually			Whea	7			
is production is commingled with that f						NO						
COMPLETION DATA	nom any outer	HERBER OF P	pool, give	comming	ing order numi	:						
		0:11:	-,- <u>-</u>									
Designate Type of Completion -	- (X)	Oil Well	•	s Well	New Well	Workover	D	epes	Plug Back	Same Res'y	Diff Resiv	
• Spudded	Date Compt.	Bandy to		X	X					L	i	
05-18-91	our comp.		ن 100 6- 9 1	, ·	Total Depth	10001		· · · ; · · •	P.B.T.D.			
Vations (DF, RKB, RT, GR, etc.)	Name of Pro	Aurian En		54 ~11	Top Cil/Cas	1866'				1833'		
5719' GR					1430'				Tubing Depth			
orations	************				1430				1646'			
<u>1430'</u> -40' 1585'-	1601' 4	1JSPF	104	holes	.40 dia				Depth Casin	(Shoo 1861 '		
	TU	BING			CEMENTI	-	_					
HOLE SIZE	CASI	NG A TU	BING SIZ	2 210	CEMENTI							
8 3/4"		7"	20#		DEPTH SET				SACKS CEMENT			
6 1/4"	4 1/2" 10.5#				1861'				125 sk CL"B" & ADDIT			
2 3/8" 4.7#					1646				35 sk CL"B" & ADDII.			
TEST DATA AND REQUES	T FOR AL	LOWA	BLE						<u> </u>			
of the time of the other re	covery of local	l volume o	of load oil	and must	be equal to or	exceed too all	own Na	for this	dona Birin 1887	Can ikill 3'd k a.		
First New Oil Rue To Task	Date of Test				Producing Me	thod (Flow, pr	WILL P	e line		OF THE ZA NO	VI.Ja. 475 1	
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ual Prod. During Test					Water - Bbis.			·	C= 1604			
ual Prod. During Test AS WELL ual Prod. Test - MCF/D	Oil - Bbls.		-		·					CCN DIST.		
AS WELL ual Frod. Test - MCF/D 280	Oil - Bbls. Leagth of Tee	4 hrs			Water - Bbis.	nic/MMCF			Car NOT	CCN DIST		
AS WELL usi Frod. Test - MCF/D 280 ng Method (pivor, back pr.)	Oil - Bbls. Leagth of Tee 2 Tubing Press	4 hrs	a)		Bbls. Conden	0			Onevity of C	CCN DIST.		
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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
- 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.