

No. of Copies Received	
DISTRIBUTION	
MTA FE	
LE	
S.G.S.	
IND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

BHP Petroleum (Americas), Inc.

P.O. Box 3280, Casper, WY 82602

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>	

Change of ownership give name Energy Reserves Group, Inc., P.O. Box 3280, Casper, WY 82602  
 address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Gallegos Canyon Unit	274	West Kutz-Pictured Cliffs <i>Farm</i>	State, Federal or Fee Federal	I-149 Ind-8476
Unit Letter	990	Feet From The South	Line and	990
				Feet From The East
Line of Section	20	Township	28N	Range
				12W
				NMPM, San Juan
				County

**SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 990, Farmington, NM 87401
Does well produce oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Site Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviations (DF, RKS, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Information					Depth Casing Shoe			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE I. 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)

Site First New Oil Run To Tanks	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.	SEP 27 1985 MCF

**RECEIVED**

**OIL CON. DIV.  
DIST. 3**

**II. AS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Setting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Dale Belden*  
 (Signature)

District Clerk

9-19-85  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED SEP 27 1985, 19\_\_

BY *[Signature]*

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.