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DISTRIBUTIO	Ĭ_	1	]	
TAFE		Ĺ	<u> </u>	
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G.S.		<u>į                                    </u>	1_	-
10 OFFICE		1	1	
LNSPORTER	OIL			
	GAS			
SHATOM				
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## NEW MEXICO OIL CONSERVATION COMMISSION RECUEST FOR ALLOWABLE AND

Phrm C-104 Superceder Old C-104 and C-110 Ellective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RATOR OFFICE						
BHP Petroleum (Ame	ericas), Inc.					
P.O. Box 3280, Cas						
anis) for filing (Check proper box)		Other (Please	t explain)			
we!!	Change in Transporter of: Oil Dry Gas					
impletion U	Oil Dry Gas Casinghead Gas Condense	a,				
ige in Ownership						
ange of ownership give name El address of previous owner	nergy Reserves Croup, Inc	., P.O. Box 32	80, Casper	, WY 82602	· .	
CRIPTION OF WELL AND I	CEASE	····				
e Name	Well No. Pool Name, including For				1 1	
allegos Canvon Unit	280   West Kutz-Pictu	ired Cliffs	State, Federal	or F Federal	SF078904	
Init Letter J: 14	60 Feet From The South Line	and <u>1840</u>	Feet From T)	e East		
ine of Section 24 Tov	waship 28N Range 12	W . NMP	u. San J	Juan	County	
	·					
SIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	5				
ne of Authorized Transporter of Cil	of Condensate	Address (Give address	to which approve	ed copy of this form is	to be zent)	
ne a: Authorized Transporter of Ca	singnead Gas   or Dry Gas   N	Address (Give address	to which approve	ed copy of this form is	i to be sent!	
					_	
El Paso Natural Gas	Unit Sec. Twp. Rgs.	P.O. Box 990			<del></del>	
ell produces oil or liquids, e location of tanks.		Yes	į			
The second secon	th that from any other lease or pool, g	give commingling ord	er number:			
MPLETION DATA	Oil Well Gas Well	New Well Workover		Plug Back   Same P	les'r. Diff. Res'v.	
Designate Type of Completion		Total Depth	<u> </u>	P.B.T.D.	-	
e Spuaded	Date Compl. Ready to Prod.	I total Depth		P.S. 1.3.		
vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OU/Gas Pay	<del></del>	Tubing Depin		
forations		<u> </u>		Depth Casing Shoe		
	TUDING CASING AND	A CENENTING DECC	120	<u>!</u>		
	TUBING, CASING, AND	DEPTH		SACKS C	EMENT	
HOLE SIZE	CASING & TOBING SIZE	00.111				
		<u>i</u>	·····	<u> </u>		
ST DATA AND REQUEST F	OR ALLOWABLE (Test must be as	fter recovery of total ve opth or be for full 24 ho		and must be equal to	or exceed top allow-	
. WELL To First New Cil Run To Tanks	Date of Test	Producing Method (F)		I. EN PAG	* DE DE	
ngth of Test	Tubing Pressure	Casing Pressure		D) E & E	IVED	
ngth of 1444			<del></del>	SEP2	1085	
tual Prod. During Test	Cil-Bbia.	Water-Bbls.		GaMCF	1 500	
		. 1		VIL VUI	<del>र ।।∀.</del>	
S WELL				Dist.	3	
tual Prod. Test-MCF/D	Length of Test	Bbls. Canaensate/Mi	MCF	Gravity of Conden	•at•	
eting Method (pitot, back pr.)	Tubing Presews (Shat-in)	Casing Preseure (5)	ist-in)	Choke Size		
RTIFICATE OF COMPLIAN		011	CONSERV	ATION COMMISS	SION	
- SEP 2.7.1985						
rreby certify that the rules and	APPROVED					
amission have been complied we is true and complete to the	ave been complied with and that the information given and complete to the beat of my knowledge and belief.		BY Stanks. Lawy			
TITLE		SUPERVI	SUPERVISOR DISTRICT 架 3			
	$\mathcal{O}_{-}$ 0	This form is	to be filed in	compliance with m	ULE 1104.	
6/50/150/02			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended			
(512	li wall this form r	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
District Clark  All sections of this form gust be filled out completely			empletely for allow-			
(Title) able on new and recompleted well			wells.			
nell name or number or transporter of			II. III. and VI for	changes of owner, thange of condition.		
					ch pool in multiply	
		completed wells				