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TRANSPORTER	OIL
	GAS
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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

BY: BHP Petroleum (Americas), Inc.

TO: P.O. Box 3280, Casper, WY 82602

Change in Ownership <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	Other (Please explain)
Completion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Well <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

Range 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.
Allegos Canyon Unit	282
Pool Name, including Formation	Kind of Lease
West Kutz-Pictured Cliffs	State, Federal or Fee Federal
	Lease No.
	I-149 Ind-8478
Unit Letter	J
1700	Feet From The South
Line and	1590
Feet From The	East
Line of Section	31
Township	28N
Range	12W
N.M.P.M.	San Juan
	County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS	
Signature of Authorized Transporter of Oil <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Signature of Authorized Transporter of Casinghead Gas <input 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
Well produces oil or liquids, location of tanks.	Is gas actually connected? When
	Yes

Is 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.
Spudded	Date Compl. Ready to Prod.
	Total Depth
	P.B.T.D.
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
	Top Oil/Gas Pay
	Tubing Depth
ations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
ual Prod. During Test	Oil-Bbls.	Water-Bbls.

S WELL			
ual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing 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 is true and complete to the best of my knowledge and belief.	
District Clerk	
9-19-85	
(Date)	
OIL CONSERVATION COMMISSION	
APPROVED SEP 27 1985	
BY Frank J. [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.	