Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Anesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

1.	REC				BLE AND A						
Operator BHP PETROLEUM (Well	API No. -045-2399							
Address P.O. BOX 97			MEXI	CO 87	7499		l				
Reason(s) for Filing (Check prop New Well Recompletion Change in Operator If change of operator give name and address of previous operator	er box) Oil Casingh	_	Transport Dry Gas Condens	X	Oth	et (Please expl	ain)				
II. DESCRIPTION OF V	VELL AND LE	EASE								·	
Lease Name Well No. Pool Name, Incl					ing Formation		i	of Lease Federal or Fee	Lease No. SF 078904		
Location Unit Letter C						NORTH 1570			WEST		
Section 2.4	Township	28N	Range	12W			AN JUAN	et From The	Coun	Line	
III. DESIGNATION OF Name of Authorized Transporter Name of Authorized Transporter BHP_PETROLEUM_(of Oil	ER OF OI	L AND	NATU	RAL GAS Address (Given	e address to wi	hich approved hich approved	copy of this form	is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit			Rge.			When ?				
If this production is commingled vIV. COMPLETION DAT	vith that from any of	 ,	 -	··							
Designate Type of Comp	oletion - (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Re	:8'V	
Date Sprudded	Date Con	ipl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas F	Pay		Tubing Depth			
Perforations					1	······································	 	Depth Casing Shoe			
HOLE SIZE	TUBING, (CEMENTING RECORD DEPTH SET			SACKS CEMENT				
							·····				
V. TEST DATA AND RE	-			and must	be equal to or	exceed top allo	mable for this	depth or he for	full 24 hours) · *		
Date First New Oil Run To Tank	First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lyt, etc.)					
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressur	re		Choke Size			
Actual Prod. During Test	Oil - Bbls	Oil - Bbis.			Water - Bbls.			Gus- MCP			
GAS WELL					I			<u> </u>	Dist		
Actual Prod. Test - MCF/D	Length of	Length of Test				Hate/MMCF	4,444.	Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations 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.					OIL CONSERVATION DIVISION Date Approved FEB 2 21994						
Signature operations superintendent					By. Bin) Chang						
Prie 21 1 1812 9 4	(505) 32	(505) 327-1639 Title				SUPERVISOR DISTRICT #3					
Date		Telep	hone No.								

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 with Rule 111.
- 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 twol in multiply ground and the such changes.