DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE SRANSPORTER OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supercedes Old C-104 and C-110 Elloctive 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AND OFFICE				
RANSPORTER GAS				
OPERATOR			•	
PRORATION OFFICE				
BHP Petroleum (Ame	ricas), Inc.			
P.O. Box 3280, Cas	sper, WY 82602			
leason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please expla	in)	
lew We!!	Oil Dry Gas		·	
tecompletion Change in Ownership	Casinghead Gas Concens	ate		
	nergy Reserves Group, Inc	., P.O. Box 3280,	Casper, WY 82602	
nd address of previous owner				
ESCRIPTION OF WELL AND I	Well No. Pool Name, Inc. value For		of Lease No.	
Gallegos Canvon Unit	312 Pinion-Fruitla	nd Extension State	Federal or Fee Federal I-149 Ind-8471	
Unit Letter B : 790	O Feet From The <u>North</u> Line	and 2480 Fee	et From The East	
Line of Section [6] Tow	mship 28N Range	12W , NMPM.	San Juan County	
DESIGNATION OF TRANSPORT	OF Condensate	Address (Give address to whi	ch approved copy of this form is to be sent)	
Name of Authorized Transporter of Cas El Paso Natural Gas			ch approved copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. P.gs.	Is gas actually connected? When		
give location of tanks. I this production is commingled wit	th that from any other lease or pool, g	Yes give commingling order num	ber:	
COMPLETION DATA	Oll Well Gas Well		epen Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elovations (DF, RKB, RT, GR, etc.)	Name of Producting Formation	105 027 043 1 47		
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST F		pth or be for full 24 hours)	load oil and must be equal to or exceed top allow	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)	
Length of Test	Tubing Pressure	Cosing Pressure	Choke Size	
Actual Prod. During Test	OII-Bbia.	Water + Bbis.	GaNCF 7 35	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
		Casing Pressure (Shut-in) Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	, in the second		
CERTIFICATE OF COMPLIAN	CE	_	ISERVATION COMMISSION	
hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	Frank Jour	
bove is true and complete to the	e best of my knowledge and belief.	TITLE	SUPERVISOR DISTRICT 提 3	
$\bigcap_{n \in \mathbb{Z}} n$	200	This form is to be	filed in compliance with RULE 1104.	
Male		If this is a request	t for allowable for a newly drilled or deepen accompanied by a tabulation of the deviati	
(Signature)		tests taken on the well in accordance with RULE 111.		
District Clerk (Tide) 9-19- FJ		All sections of this form must be filled out campletely for allo- able on new and recompleted wells.		
		Fill out only Sect	tions I. II. III. and VI for changes of own r transporter, or other such change of conditi	
(0	a(e)	Separate Forms C	-104 must be filed for each pool in multi-	
		il completed wells.		

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••			
FILE			
u. s.g.s.			
LAND OFFICE		1	
TRANSPORTER	OIL		
THANSPORTER	GAS		
OPERATOR			T

Dale Belden

January 22, 1986

District Clerk

(Date)

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Ellective 1-1-65

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fitl 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.

TRANSPORTER GAS	_			
OPERATOR				
PROPATION OFFICE				
DIID Dotro	leum (Americas) Inc.		<u> </u>	
Address BHP PELIC	Tedm (Americas) inc.			
P. O. BOx 328	0. Casper, WY 92602			
leason(s) for liling (Check proper bo		Other (Please explain)		
New Well	Change in Transporter of: Oil Dry Gas			
Recompletion Change in Ownership X	Casinghead Gas Condens	71		
change of ownership give name nd address of previous owner	Energy Reserves Grou	p, In.c P. O. Box 3280.	Casper. WY 82602	
•				
DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.	
Gallegos Canyon Unit	312 W Kutz Picture	ed Cliffs State, Federal	orFooFederal I-149 Ind \$4	
Location	700	2/80	Fact	
Unit Letter;;	790 Feet From The	andFeet From T	heEast	
	ownship 28N Range	12W , NMPM,	San Juan County	
Line of Section 10 T	Ownsity	,,,,,,,	County	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	5		
Name of Authorized Transporter of C	OII or Condensate	Address (Give address to which approv	ed copy of this form is to be sent;	
Name or Authorized Transporter of C	asinghedd Gas ot Dry Gas XX	Address (Give address to which approv	ed copy of this form is to be sent)	
El Paso Natural Gas Co			0. Box 990, Farmington, N 87401	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When		
give location of tanks.	1 1 1	Yes!	<u> </u>	
f this production is commingled	with that from any other lease or pool, a	give commingling order number:		
COMPLETION DATA	Oll Well Gas weir	New Well Workover Deepen	Plug Back Same Resty. Ditt. Resty.	
Designate Type of Comple	tion - (X)			
Date Spudded	Date Compt. Ready to Prod.	Total Deptn	P.3.T.D.	
		7	Tubing Cepta	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
,				
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST			and must be equal to or exceed top allow-	
OII, WELL Date First New Oil Run To Tanks	i Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gd.)	4. Ac. / 23 R SA -	
Date First New Ott Mun to Tanks		In!		
Length of Test	Tubing Pressure	Casing Pressure	Choxe Size	
			JAN 2 71980	
Actual Prod. During Test	OII-Bbis.	Water-Bble.	L COM Day	
				
GAS WELL			DIST. 3	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, pack pr.)	Tubing Pressure (Shmt-ia)	Caeing Pressure (5hut-in)	Choke Size	
		OU CONSERVA	TION COMMISSION	
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
I hereby certify that the rules ar	d regulations of the Oil Conservation	APPROVED	- JAN 2/ 11986	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		BY Trank Clare		
above is true and complete to the best of my knowledge and belief.			SUPERVISOR PISTRICT # 3	
		TITLE	TITLE	
¥ 10 (1	500	This form is to be filed in	compliance with RULE 1104.	
Marin	week -	I well this form must be accompt	wable for a newly drilled or deepened inted by a tabulation of the deviation	
(Signature)		teats taken on the well in acco	rdance with RULE 111.	