Appropriate District Office
DISTRICT 1
P.O. Dox 1980, Hobbe, NM 88240

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 \$8210

OLL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.		FOR ALLOY								
Operator	10 17	RANSPORT	OIL	ANU NA I	UHAL GA	AS Wall X	P(No.			
BHP PETROLEUM (AMERICAS) INC.							30-045-07999			
P.O. BOX 977 FARMIN	GTON NM Q	7499					4			
Reason(s) for Filing (Check proper box)	41011, 1111 0	7433		Other	(l'iease expla	امنا	 .			
New Well	Change	is Transporter of	ſ <u>.</u>	C	(i ii wa aya	,				
Recompletion (X)	Oil	Dry Gas							:	
Change is Operator	Casinghead Cas	Condensate							_	
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name	Well No. Pool Name, Includir			ng Formation			Kind of Lease		se No.	
GALLEGOS CANYON UNIT	1 BASIN FR			UITLAND COAL S			State, Federal o <u>r Fee</u>			
Unit Letter K	, 1650	Feet From T	. S(OUTH Lies	16	50	. = _	WEST		
	20N						A From The _	11231	U	
Section 19 Townshi	<u>29N</u>	Range	12W	NM NM	IPM,	SAN	JUAN	•	County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND N	ATUE	CAL GAS						
Name of Authorized Transporter of Oil	Or Com	iden sale		Address (Give	address to w	rich approved	copy of this fo	×m u to be 10	w)	
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form u to be sens)									
EL PASO NATURAL GAS If well produces oil or liquids, Unit Sec. Two				P.O. BOX 4990 FARMING			TON, NM 87499			
give location of traks.	Unit Sec.	Twp	Rge.	Is gas actually connected? YES		When	When?		1051	
If this production is commingled with that	from any other lease	or pool, give con	mineli	ne order numb	<u> </u>	l	AUGUST	1951	•	
IV. COMPLETION DATA					-		· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion		iX	/eli	New Well	Workover	Deepers	Plug Back X	Same Res v	DIT ROLL	
08-23-51	Date Compt. Read			Total Depth		·	P.B.T D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	04-05-92 Name of Producing Formation			Top Olivani Pay			1205'			
5324 5332 GR	BASIN FRUITLAND COAL			1168'			Tubing Depth 1197'			
Performingful	·····			Depth Casin	Depth Casing Shoe					
1168'-1193' @		0.01000				1210'				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE									
13"	10-3/4"	33#			DEPTH SET 981		SACKS CEMENT 50 SK NEAT		ENT	
7-7/8"	5-1/2"	14#			1210			NEAT 7		
	2-3/8"			1197'			3K NEM 7/3			
V. TEST DATA AND REQUES	TFORALLO	WADIC								
OIL WELL (Test must be after r	TOWARD OF TOTAL WOLLD	TY ABLE. THE OLIONA OIL AN	4 –	he asual sa sa				أغفرن ولأنوف (200	3 39 50 E	
Date First New Oil Rue To Tank		be equal to or exceed top allowable for this dept to pe pe for the found) if								
Length of Test	<u> </u>									
orner or tea	Tubing Pressure	Tubing Pressure			Casing Pressure			Chote 5120 APR 3 0 1992		
Actual Prod. During Test	Oil - Bbla.			Water - Bbla			Car M(1)	L CON	I DIV	
								DIST		
GAS WELL								DIST		
Actual Frod. Test - MCF/D	Length of Test			Bbis. Condensate MMCF			Gravity of C	OD OCE SALE		
350 Tosting Method (puor, back pr.)	24 HR. Tubing Pressure (Shut m)			-			,	_		
BACK PR.	205			Casing Pressure (Shut-in) 205			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						· · · · · · · · · · · · · · · · · · ·	<u> </u>	3/8"		
i nereby certify that the rules and regulations of the Out Consequence					IL CON	SERV	MOITA	DIVISIO	N	
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.							IPR 3 0			
- Low w/				Date	Approve	d				
Signiture				By_		3) d	-		
Printed Name OPERATIONS SUPT.				SUPERVISOR DISTRICT #3						
04-30-92 (505) 327-1630								STRICT [73	
Date			<u> </u>	1						

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
- 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 pool in multiply completed wells.