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	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

BHP Petroleum (Americas), Inc.	
P.O. Box 3280, Casper, WY 82602	
in(s) for filing (check proper box)	Other (Please explain)
Well <input type="checkbox"/>	Change in Transporter of:
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Change 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	284
Pool Name, including Formation	Kind of Lease
West Kutz-Pictured Cliffs	State, Federal or Fee Fee
Lease No.	
Location	
Unit Letter	0 : 800 Feet From The South Line and 1540 Feet From The East
Line of Section	30 Township 29N Range 12W, NMPM. San Juan County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS	
Signature of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <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"/> or Dry Gas <input checked="" 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
Unit	Sec.
Is gas actually connected?	When
Yes	

If 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.
Date Compl. Ready to Prod.	Total Depth
Name of Producing Formation	Top Oil/Gas Pay
Tubing Depth	Depth Casing Shoe

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

TEST DATA AND REQUEST FOR ALLOWABLE	
Well	(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)
Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Tubing Pressure	Casing Pressure
Oil - Bbls.	Water - Bbls.

S WELL	
Length of Test	Bbls. Condensate/MMCF
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]

SUPERVISOR DISTRICT 3

TITLE

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.