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J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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 1-1-83

Operator BHP Petroleum (Americas), Inc.

Address P.O. Box 3280, Casper, WY 82602

Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Change in Transporter of: Oil Gas Casinghead Gas Dry Gas Condensate Other (Please explain)

If change of ownership give name and address of previous owner Energy Reserves Group, Inc., P.O. Box 3230, Casper, WY 82602

DESCRIPTION OF WELL AND LEASE

Lease Name <u>N.E. Hogback Unit</u>	Well No. <u>39</u>	Pool Name, including Formation <u>Horseshoe Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM04443</u>
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Location
Unit Letter N : 780 Feet From The South Line and 2060 Feet From The West
Line of Section 11 Township 30N Range 16W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Ciniza Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1837, Bloomfield, NM 87413</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>10</u>	Twp. <u>30N</u>	Rge. <u>16W</u>	Is gas actually connected? <u>No</u>	When
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If this 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 Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		

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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and gas and must not exceed top allowable for this depth or be for full 24 hours)

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

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OIL CON. DIV.
DIST. 3

GAS WELL	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shot-1a)		Casing Pressure (Shot-1a)	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 above is true and complete to the best of my knowledge and belief.

Dale Belbin
(Signature)
District Clerk
(Title)
9-19-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 27 1985 19
BY Frank J. Quigg
TITLE SUPERVISOR DISTRICT #4

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.