

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR

Operator BHP Petroleum Company Inc.	Well APN No. N/A
Address 5847 San Felipe Suite 3600 Houston TX 77057	
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Change in Transporter of: ☐ Recombination ☐ Oil ☐ Dry Gas ☒ ☐ Other (Please explain) ☐ Change in Operator ☐ Commingled Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burton Flat Deep Unit	Well No. (Pool Name, including Formation) 3 Burton Flat Strawn	Kind of Lease State, Federal or Foreign State	Lease No. NM056026
Location Unit Letter V : 700 Feet From The South Line and 1980 Feet From The West Line Section 3 Township 21 S Range 27E NMPM Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Commingled Gas ☐ or Dry Gas ☒	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	Sec.	Trp.
Rgn.	Is gas actually commingled? Yes When?	
If this production is commingled with that from any other lease or pool, give commingling order number.		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stems Re-Set	Off Gas
Date Spudded	Date Comp. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DP, 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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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 First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 12.5 89
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 47.6 MM TPC

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF/D	Gravity of Condensate
Testing Method (point, back pr.)	Tubing Pressure (Start-on)	Casing Pressure (Start-on)	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.

Signature **Nina Jones** Prod. Tech
Printed Name _____ Title _____
Date **11/16/89** (713) 780-3000

OIL CONSERVATION DIVISION

Date Approved **DEC - 8 1989**
By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.