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O.C.D.
DISTRICT OFFICE

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BHP Petroleum Company Inc.		Well APN No. 30-015-21208
Address 5847 San Felipe Suite 3600 Houston TX 77057		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☒	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Operator ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Avalon Hills Com.	Well No. 2	Pool Name, including Formation Burton Flat (Morrow)	Kind of Lease State: Federal NMPL	Lease No. NM0501759
Location Unit Letter <u>C</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2030</u> Feet From The <u>East</u> Line Section <u>7</u> Township <u>21S</u> Range <u>27E</u> , NMPL, 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 Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Phillips 66 Natural Gas Co.		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Top	Rgn.
Is gas actually connected?		When?
Yes		8/20/80
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	Same Run's	Diff Run's
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., R.C.B., RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Performances					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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, 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 accepted with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Vina Jones Prod. Tech.
Printed Name
11/16/89 (713) 780-5000
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC - 8 1989

By ORIGINAL SIGNED BY
MICK 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.