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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

JUL 22 1991

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|----|--|--|
| I. | Operator BHP PETROLEUM (AMERICAS) INC. | Well API No. |
| | Address 5847 SAN FELIPE, SUITE 3600, HOUSTON, TEXAS 77057 | |
| | Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| | New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> INTRACOMPANY NAME CHANGE ONLY |
| | Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| | Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| | If change of operator give name and address of previous operator BHP PETROLEUM COMPANY INC., 5847 SAN FELIPE, SUITE 3600, HOUSTON, TX 77057 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|-------------------------|
| Lease Name AVALON HILLS COM | Well No. 2 | Pool Name, Including Formation BURTON FALT MORROW | Kind of Lease State Federal | Lease No. NM 0501759 |
| Location Unit Letter G : 1980 Feet From The N Line and 2030 Feet From The E Line | | | PRO-RATED GAS | |
| Section 7 Township 21S Range 27E, NMPM, EDDY | | | County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

| | | | | | | |
|--|---|------------|-------------|-------------|-----------------------------------|-------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1183 HOUSTON, TX 77001 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 820 M PLAZA OFFICE BLDG, BARTLESVILLE, OK 74004 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 17 | Twp. 21S | Rge. 27E | Is gas actually connected? YES | When? 08-20-80 |

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 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 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | 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 Scott Sanders
SCOTT SANDERS DRILLING/OPERATIONS ENG.
Printed Name
JULY 12, 1991 713-780-5375
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 23 1991

By MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

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.