

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL RECEIVED

The operator of the following well has complied with all the requirements of the Oil Conservation Division ^{JAN 07 '88} and is hereby assigned an allowable as shown below.

Date of Connection 4-7-87 Date of First Allowable or Allowable Change O. C. D. ARTESIA OFFICE
Purchaser Marathon Oil Co. Pool Indian Basin Upper Penn
Operator BHP Petroleum Co., Inc. Lease Low State
Well No. 2 Unit Letter M Sec. 36 Twp. 21 Range 23
Dedicated Acreage 640 Revised Acreage _____ Difference _____
Acreage Factor 1.00 Revised Acreage Factor _____ Difference _____
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

To replace well Low State Gas Com #1 Mike W. W. in the gas proration schedule. OCD District No. II

CALCULATION OF SUPPLEMENTAL ALLOWABLE

Previous Status Adjustments						
MONTH	% OF MO.	PREV. ALLOW.	REV. ALLOW.	PREV. PROD.	REV. PROD.	REMARKS
April	1988		135849			
May						
June						
July						
August						
September						
October						
November						
December						
January						
February						
March						
April	1987		32179	--		
May			37408	--		
June			19804	3773		
July			57965	56482		
August			50256	121676		
September			57928	117595		
October			111030	114034		
November			10472	120245		
December			176358			
TOTALS			377042	533805		
Allowable Production Difference				156763-		
Jan.	Schedule O/U Status			--		
Revised	Nov. O/U Status			156763-		
				Effective In	Feb.	Schedule
				Current Classification	N	To

Note: All gas volumes are in MCF @ 15.025 psia.

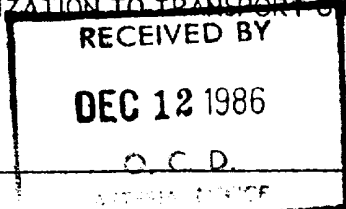
WILLIAM J. LEMAY, Division Director

By Richard L. Brown

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DISTRIBUTION		
SANTA FE		✓
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LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION 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 1-1-65



I. Operator
BHP Petroleum Company, Inc.
Address
1300 One First City Center Midland, TX 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Low State	2	Indian Basin (Cisco) 4/Penn	State, Federal or Fee State	E-10170
Location Unit Letter M ; 330 Feet From The West Line and 330 Feet From The South Line of Section 36 Township 21 So. Range 23-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Marathon Oil Company	P. O. Box 552 Midland, TX 79701
Name 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)
Marathon Oil Company	P. O. Box 552 Midland, TX 79701
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	M 36 21-S 23-E Yes 4-7-87

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/27/86	12/4/86	7415'	7396'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3851' GL	Upper Penn	7356'	7306'					
Perforations						Depth Casing Shoe		
7356-7372'						7415'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		325		370			
12 1/4	9 5/8		2000		650			
8 3/4	7		7415		200			
	2 3/8		7306					

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 Tanks	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
792 CAOF	24 hr		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pr	1311	0	11/64

VI. 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.


(Signature)

D. E. Brown, Regional Manager

(Title)

December 10, 1986

(Date)

OIL CONSERVATION COMMISSION

DEC 04 1987

APPROVED _____, 19 _____

BY Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

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.