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DISTRIBUTION				
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TLE				
J.S.G.S.				_
AND OFFICE				
TRANSPORTER	OIL			
HAND ON EN	GAS		1	_
OPERATOR		1_		_
PRORATION OFFICE				

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATUR

7	Porm C -104 Superarder Old C Elloctive 1-1-63	-10s and C-110				
AL GAS	JAN2 71986	Ш				
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CASPE	R, WY 82602					
l Lease Federal or	, <sub>F••</sub> Federal	NM03153				
rom The	West					
1 Juan		County				
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er:						
epen	Plug Back   Same Res	'v. Diff. Ras'v.				
	P.3.T.D.					
	Tubing Depth					
	Depth Casing Shoe					
	SACKS CE	MENT				
load oil and must be equal to or exceed top allow-						
ip, gas lift	, etc.j					
	Choke Size					
	Gas-MCF					

)perator BHP Petroleum (Americas) Inc. Casper, WY 82602 P. O. BOx 3280 leason(s) for filing (Check proper box) Other (Please explain Change in Transporter of: Yew Well OII Dry Gas Casinghead Gas Condensate Change in Ownership XX Energy Reserves Group, Inc. P.O. Box 3280, change of ownership give name nd address of previous owner \_\_\_\_ ESCRIPTION OF WELL AND LEASE Pool Name, including Formation Kind o 0. H. Randel Gallegos Gallup Location : 1650 Feet From The South Line and 990 Unit Letter L\_ Line of Section 9 Township 26N , NMPM, Sar Range DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Nome of Authorized Transporter of Oil or Condensate Address (Give address to whic P. O. Box 256 Giant Industries, Inc. Address (Give address to water Name of Authorized Transporter of Casinghead Gas \_\_\_\_\_ or Dry Gas \_\_\_\_\_\_ P. O. Box 990 El Paso Natural Gas Co is gas actually connected?
Yes Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numb COMPLETION DATA Oil Well Gas well Designate Type of Completion - (X) Total Deptn Top OU/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Periorations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET HOLE SIZE (Test must be after recovery of total volume of able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pur Date First New Cil Run To Tanks Casing Pressure Tubing Pressure Length of Test Water - Bols. Actual Prod. During Test Oil-Bbls. GAS WELL Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shat-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE **X98**5 APPROVED\_

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.

Selat

(Signature)

Belden Dale

District Clerk

(Title)

January 22, 1986 (Date)

TITLE .

This form is to be fitted 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.

SUPERVISOR DISTRICT

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.

## DISTRIBUTION Ī J.S.G.S. LAND OFFICE TRANSPORTER GAS

## 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
Elloctive 1-1-65

OPERATOR					
PRORATION OFFICE	 				
BHP Petroleum (Ameri	icas), Inc.				
P.O. Box 3230, Caspe	er, WY 82602				
leason(s) for filing (Check proper box)		Other (Please	explain)		
New We!!	Change in Transporter of:  Oil Dry Gas	. 📶			
Change in Ownership	Casinghead Gas Conden	<b>=</b> 1			
change of ownership give name nd address of previous owner	Chergy Reserves Group, Ir	nc., P.O. Box 3	280. Caspe	er, Wyomi	ng 82602
DESCRIPTION OF WELL AND I	FACE				_
Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Lease No.		Lease No.	
O.H. Randel	1 Basin Dakota	State, Federal o		Federal M03153	
Unit LetterL $_{:}$ _ $_{:}$ _ $_{:}$ _ $_{:}$	60 Feet From The South Line	• and <u>990</u>	Feet From T	he <u>West</u>	
Line of Section ' 9 Township 26N Range 11W , NMPM, San Juan County					
ESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			·
Nome of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approv	ed copy of this	form is to be sent;
Giant Tradistries Ir	C	Box 256 Farmington NM 87401 Address (Give address to which approved copy of this form is to be sent)			form is to be sent)
El Paso Natural Gas	Co.	P.O. Box 990, Farmington NM 87401			7401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connec	led?   Whe	" 11-11-64	
	th that from any other lease or pool,		r number:	11 11 04	
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v. Diff. Res'v.
Designate Type of Completio	n – (X)	1 1	l L	1 1	1
Date Spuddea	Date Compi. Ready to Prod.	Total Deptn		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	1
Perforations		1	<del></del>	Depth Casing	Shoe
	TUBING, CASING, AND	CEMENTING RECO	RD		
HOLE SIZE	CASING & TUBING SIZE	OEPTH S	ET	SA	CKS CEMENT
				<del> </del>	
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fier recovery of total vol		and must be eq	ual to or exceed top allow-
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flo	i	i, esc.)	
	Tubing Pressure	Casing Pressure Choke-Size			
Length of Teet	I round bressman	Casing Pressure			B B so
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	•	Gas-MCF	
CACHELL			ું. નું	11 .	71925
GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MM	CF	Gravity of C	and an art of
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sho	t-in)	Choke Size	***
, , , , , , , , , , , , , , , , , , ,	<u> </u>	011	CONSERVA	TION CON	
CERTIFICATE OF COMPLIANO		OIL CONSERVATION COMMISSION SEP 1985			
Commission have been compiled w	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	By Sra by Sur			
~ ·	TITLE		VISOR DISTRICT # 9		
This form is to be filed in compliance with RULE 1104		with RULE 1104.			
1 (Signal Signal	o(we)	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.			
District Clerk	District Clerk All sections of this form must be fulled out completely for			out completely for allow-	
(Title)  able on new and recompleted wells.  9-19-85  Fill out only Sections I. II. III. and VI for change or other such change.			7 for changes of owner,		
(Date)			ter, or other s	ach change of condition-	
,		Separate For completed wells.	ms C-104 mus	nt be filed fo	or each pool in multiply