

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator		Well API No.	
BHP PETROLEUM (AMERICAS) INC.		30-045-06939	
Address			
P.O. BOX 977 FARMINGTON, NM 87499			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name GALLEGOS CANYON UNIT	Well No. 61	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Fee	Lease No. SF -078902
Location				
Unit Letter <u>A</u> : <u>692</u> Feet From The <u>NORTH</u> Line and <u>877</u> Feet From The <u>EAST</u> Line				
Section <u>04</u> Township <u>27N</u> Range <u>12W</u> <u>NMPM</u> <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
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)	
EL PASO NATURAL GAS					P.O. BOX 4990 FARMINGTON, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					YES	1952
If this production is commingled with that from any other lease or pool, give commingling order number.						

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen X	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 10-2-52	Date Compl. Ready to Prod. 9-30-92	Total Depth 1478'				P.B.T.D. 1416'			
Elevations (DF, RKB, RT, GR, etc.) 5786 DF	Name of Producing Formations BASIN FRUITLAND COAL	Top Oil/Gas Pay 1395'				Tubing Depth 1399'			
Performances 1395' - 1412'						Depth Casing Shoe 1426'			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
11-1/4"	9-5/8" 40#		113'			60 sks			
8-3/4"	7" AND. 6-5/8" 20#		1426' / 1406'			160 sks CF-24 sks NEA			
	2-3/8"		1399'						

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 100 allowable for this depth or be forthwith stopped)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	NOV 13 1992
Length of Test	Tubing Pressure	Casing Pressure	3 1/2 inch Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	GAS MCH OIL CON. DIV.

GAS WELL

Actual Prod. Test - MCF/D 280	Length of Test 24 HOUR	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (prior, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 180	Casing Pressure (Shut-in) 180	Choke Size 3/8"

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 FRED LOWERY OPERATIONS SUPT.
Printed Name _____ Title _____
Date 11-11-92 327-1639
Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved NOV 13 1992

By W. D. [Signature]
Title SUPERVISOR DISTRICT 13

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

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