

# RECEIVED

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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

MAY 17 1990

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

ON CON. DIV.  
DIST. 3

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>BHP Petroleum (Americas) Inc.</b>	Well API No. <b>30-045-23782</b>
Address <b>5847 San Felipe Ste 3600 Houston TX 77057-3005</b>	
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"/>
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 <b>E. H. Pipkin</b>	Well No. Pool Name, including Formation <b>8-E Basin Fruitland</b>	Kind of Lease State, Federal or Foreign <b>xxx</b>	Lease No. <b>SF078019</b>
Location			
Unit Letter <b>P</b>	<b>950</b> Feet From The <b>South</b> Line and <b>890</b> Feet From The <b>East</b> Line		
Section <b>1</b>	Township <b>27N</b>	Range <b>11W</b>	NMPL, <b>San Juan</b> Country

## 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)
<b>Sunterra Gas Gathering Company</b>	<b>PO Box 1899 Bloomfield, NM 87413</b>
If well produces oil or liquids, give location of tanks.	When ?
<b>No</b>	

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 <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <b>3/1/90</b>	Date Compl. Ready to Prod. <b>4/5/90</b>	Total Depth <b>6210'</b>	P.B.T.D. <b>1820'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>GR 5736', KB 5750'</b>	Name of Producing Formation <b>Fruitland Coal</b>	Top Oil/Gas Pay <b>1404'</b>	Tubing Depth <b>1591'</b>					
Performations <b>1404' to 1420' &amp; 1578' -1590'</b>		Depth Casing Shoe <b>6203'</b>						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>12 1/4</b>	CASING & TUBING SIZE <b>8 5/8</b>	DEPTH SET <b>304</b>	SACKS CEMENT <b>250 SX</b>					
<b>7 7/8</b>	<b>4 1/2</b>	<b>6203</b>	<b>1835 SX</b>					
<b>3 cement plugs in casing-tops @ 5930', 5025', 3000' - 15 sx each</b>								

## 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 <b>367</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>N/A</b>
Testing Method (flow, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>204</b>	Casing Pressure (Shut-in) <b>204</b>	Choke Size <b>3/8</b>

## 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.

*Paul C. Bertoglio*  
Signature  
**Paul C. Bertoglio, Sr. Pet. Engr.**  
Printed Name  
**4/30/90 (713) 780-5446**  
Date Telephone No.

## OIL CONSERVATION DIVISION

Date Approved **MAY 17 1990**  
By **Original Signed by FRANK T. CHAVEZ**  
Title **SUPERVISOR DISTRICT 3**

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.