

MINERAL DEPARTMENT

RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BK Petroleum, Inc.

Address P.O. Box 826, Farmington, N.M. 87499

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner SPEEREX LTD. PARTNERSHIP, BOX 255, Farmington, N.M. 87499

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Campbell</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>WAW Fruitland-Pict. Cliffs</u>	Kind of Lease <u>Federal</u> State, Federal or Fee	Lease No. <u>NM-33035</u>
Location				
Unit Letter <u>C</u>	<u>990</u>	Feet From The <u>North</u> Line and <u>1650</u>	Feet From The <u>West</u>	
Line of Section <u>9</u>	Township <u>27N</u>	Range <u>13W</u>	, NMPM, <u>San Juan</u> County	

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)
<u>N.A.</u>	
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)
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 997, Farmington, N.M. 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>7/82</u>

If this production is commingled with that from any other lease or pool, give commingling order number: N.A.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>						
Date Spudded <u>10/25/80</u>	Date Compl. Ready to Prod. <u>12/12/80</u>	Total Depth <u>1535'</u>	P.B.T.D. <u>1481'</u>					
Elevations (Dh, RT, GR, etc.) <u>5957 Gr.</u>	Name of Producing Formation <u>Pictured Cliffs Ss.</u>	Top Oil/Gas Pay <u>1367'</u>	Tubing Depth <u>1368'</u>					
Perforations <u>1367-1373'</u>	Depth Casing Shoe <u>1509'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8 3/4"</u>	<u>7", 17 lb., H-40</u>	<u>106'</u>	<u>50 sx. Class B</u>
<u>5 1/4"</u>	<u>2 7/8", 6.5 lb., J-55</u>	<u>1509'</u>	<u>200 sx., Class B Pozmix</u>
	<u>1 1/4", 2.4 lb., J-55</u>	<u>1368'</u>	

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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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]
(Signature)
[Signature]
(Title)
12-23-86
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 29 1986
BY [Signature]
TITLE SUPERVISOR DISTRICT 3

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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.