Submit 5 Copies
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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: **BHP Petroleum (Americas) Inc.**

Well API No.: **30-045-25144**

Address: **5847 San Felipe Ste 3600 Houston TX 77057-3005**

Reason(s) for Filing (Check proper box)

New Well: ___
Recompletion: X
Change in Operator: ___

Change in Transporter of:
Oil: ___ Dry Gas: ___
Casinghead Gas: ___ Condensate: ___

Other (Please explain): ___

If change of operator give name and address of previous operator: ___

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
E. H. Pipkin	18	Basin Fruitland	State, (Federal) or Fee	SF-078019

Location

Unit Letter N (?) : 1020 Feet From The South Line and 790 Feet From The West Line

Section 12 Township 27N Range 11W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ___ or Condensate ___ Address (Give address to which approved copy of this form is to be sent): ___

Name of Authorized Transporter of Casinghead Gas ___ or Dry Gas X Address (Give address to which approved copy of this form is to be sent): **Sunterra Gas Gathering Co. PO Box 1899 Bloomfield, NM 87413**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					WOPL	

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.
9/26/81	5/25/90	1936'	1848'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6001' GR; 6006' KB	Basin Fruitland	1570'	1790'

Perforations: ___ Depth Casing Shoe: 1916'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7"	100'	60 sx (69 ft³)
6 1/4"	4 1/2"	1916'	400 sx (504 ft³)

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 pool within 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

RECEIVED
JUN 1990
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
220	24	-0-	NA

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	140	385	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: Paul C. Bertoglio

Name: Paul C. Bertoglio Title: Sr Prod. Engr.

Printed Name: 6/4/90 Title: (713) 780-5446 Telephone No.

OIL CONSERVATION DIVISION

Date Approved: JUN 29 1990

By: ___

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.