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

Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Anesia, NM \$8210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well /			
BHP Petroleum (Amer	icas)	Inc.					3	0-045-28	3063	
Address	-		-1							
P.O. Box 977 Farmin	gton,	MM 87	499							
Reason(s) for Filing (Check proper box)					Outs	r (Please explo	zin)			
New Well		· -	is Transpor	ky						
Recompletion	Oil	_	. Dry Cae	/	1		. 1			
Change is Operator	Casinghe	ad Cas	Conden	sate / L	The	me. C	house	- ouls		
If change of operator give name and address of previous operator							U	1		
·								<u></u>	\	
II. DESCRIPTION OF WELL	AND LF					·· · · · · · · · · · · · · · · · · · ·		·		
Lease Name	Well No. Pool Name, Including			· · · · · · · · · · · · · · · · · · ·			of Lease No. Federal or Fee R. 10870-15			
Gallegos Canyon Uni	t	516	W . 1	Kutz Pi	ictured	Cliffs	State,	Tederal of Te	B~T09	70-15
Location	17	1		-	7 - 43-	050			**	
Unit Letter	_ : <u></u>	45	Feet Fro	om The 🏬	outh L	950	Fe	et From The .	West	Li04
Section 7 Townshi	_ 28	N	_	11W		S	an Juan			_
Security (Owner)	<u> </u>		Range		, N	MPM,				County
III. DESIGNATION OF TRAN	ISPORTI	FR OF (OH. ANI	D NATII	DAL CAS					
Name of Authorized Transporter of Oil	<u> </u>	or Cond		C NAIU		e address to w	hich approved	conv of this !	orm is to be s	ent)
•				<u></u>]			men opproved	topy of the j	W M W W W 3	,
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas X	Address (Giv	e address to w	hich anorma	come of this	oem je to be -	ent)
El Paso Natural Gas Company				L#	P.O. B	ox 990 F	armingt	on, NM	87499	,
If well produces oil or liquids,	Unit	Sec.	Twp.	Rea	is gas actuall		Whea			
give location of tanks.	1	1	1	"•	No	,	1	WO pipe	eline	
If this production is commingled with that	from any o	ther lease o	or pool, giv	e commine	ing order num	ber:				
IV. COMPLETION DATA	·									
	······································	Oil We	u C	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resign
Designate Type of Completion	- (X)	i	_ i :	XX	ХХ	1	1	1		
Rate Spudded	Date Cor	npi. Ready	to Prod.		Total Depth	· · · · · · · · · · · · · · · · · · ·	· *	P.B.T.D.	ــــــــــــــــــــــــــــــــــــــ	4
125-90	2-	9-91				1520'			1479	
Elevations (QF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
5426'CR 5536' KB	Pictured Cliffs				1388'			1434'		
Perforations 1388' 1406' W/4 J	CDE 70	halas	.), 0 7	D: a	^ 			Depth Casi	ng Shoe	
1388' 1406' W/4 J	SPF Z	notes		Dia,				15:	16'	
		TUBING	J, CASII	NG AND	CEMENTI	NG RECOR	Q.	· 	······································	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
8 3/4"		7" 20#			136'			125 sk(147.5 cu ft) cl		
6 1/4"	<u> </u>	1/	<u>/2" 10</u>	.5#	1	515'				ft) 50-50
	 			_/				poz. +	add.	
V TEST DATE AND DEGUE	000 000	2 3/	/8''		1	434'				
V. TEST DATA AND REQUE				· ,						
OIL WELL (Test must be after to Date First New Oil Rus To Tank	recovery of	lotal volum	se of load o	ond missi	be equal to or	exceed top all	owable for the	s depth or be	for full 24 ho	ws.)
Date Link Lick Oil Kill 10 1795	Date of T	***			Producing M	ethod (Flow, p	ump, gas lift,	DE		
Length of Test									5 L I	
Length of Test	Tubing Pressure				Casing Pressure			Topic Size		• .
Actual Band During Tor	-							I All	GO 7 199	11
Actual Prod. During Test	Oil - Bbi	L.			Water - Bbls.			1		
					<u> </u>					<u></u>
GAS WELL /									DIST	
Actual Prod. Teet - MCF/D	Length of	Test			Bbis. Conden	mu/MMCF		Gravity of		
605		24 h	ırs			0		N/A		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Test Separator	470				480				17/64	
VI. OPERATOR CERTIFIC	ATEO	F COM	IPI IAN	CE				- 		$\overline{}$
I hereby certify that the rules and regul	lations of th	e Oil Cone	ervation		(DIL CON	ISERV	ATION	DIVISIO	NC (
Division have been complied with and	that the inf	ormatica e	iven above							5 , (
is true and complete to the best of my	knowledge	and belief.			n=1-	Approve	All	GAT	Q û1	
					Date	whb.cove	<u> </u>	- V !	וטט !	
- Sees Lower	A				By_	أحداحا	Stoned L.	CHARLES (MUS ION	
Signature Fred Lowery Operations Supt.						Original	Julian DA	CHARLES (7 IVWVN	
					H			e wenter	יי. דפים מג	3
					H					
8. 5 Q1	207	1630	Title		Title	DEPUT	Y OIL & GA	72 1.225.2013	<i>7</i> 8% , 66 % 3 € 4 % 5 € 	•
8.5 91 Dae	327.		Title elephone N		Title	DEPUT	Y OIL & GA	TO LOCKERTO	My Maing.	

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.