		!	
DISTRIBUTIO			
SANTA FE		Ī	
FILE	Ĭ		
J.S.G.S.	<u>i</u>		
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
		7	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Superceder Old C-104 and C-110 Elloctive 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	,		,,,,,,,,,		IST ON FORE AND T	THI UNAL UA	13	
I RANSPORTER	GAS	\dashv						
OPERATOR		\dashv						
PROPATION OF	FICE							
BHP Per	troleu	ım (Ame	ericas), I	nc.				
			sper, WY	82602				
leason(s) for liling	(Check pr	oper box)	Change In	Transporter of:	Other (Please	explain)		
vew Well Recompletion	H		Oil	Dry Gas				
Change in Ownership	r [V]		Casinghead	Gas Condens	sate			
change of owners			nergy Rese	rves Group, Inc	e., P.O. Box 32	80, Casper	, WY 82602	
ESCRIPTION O	F WELI	L AND T	EASE			,		
Gallegos Car	nyon U	Init	41	Pool Name, Including Fo West Kutz-Pict		State, Federal	orF** Federal	SF-079346
Location	Λ	0.00	n	North	and 990		Fact	
Unit Letter	<u>A</u>	:990	UFeet From	The North Line	and	Feet From Ti	he <u>EdSL</u>	
Line of Section	•32	Tow	mahip 28N	Range	12W , NMPN	, San	Juan	County
ESIGNATION O	F TRA	NSPORT	TER OF OIL	AND NATURAL GA				
Name of Authorized	transpor	ter of CII		ndensat s	nadiess folive dadiess	is water approve	ed copy of this form is t	, ve sent)
Name of Authorized	Transpor	ter of Cas	ingnead Gas 🔲	or Dry Gas 🛣	Address (Give address	to which approve	ed copy of this form is t	o be sent)
El Paso	Natura	il Gas		Twp. Egs.	P.O. Box 990 Is gas actually connect		on. NM_87401	
If well produces oil give location of tank		5,	Unit Sec.	1 27	YES	1		
		ngled wit	h that from any	other lease or pool,	give commingling orde	r number:		
COMPLETION D	ATA		01	l Weil Gas Weil	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.
Designate Ty	pe of Co	ompletio	n = (X)	<u> </u>		} }		
Date Spudded			Date Compl. Re	eacy to Ptod.	Total Depth		P.8.T.D.	
Elevations (DF, RK	3, RT, G	R. etc.,	Name of Produc	ing Formation	Top OII/Gas Pay		Tubing Depth	
Perforations			<u> </u>		I		Depth Casing Shoo	
				UDING GLEING LUB	ACUSUTUIO DECO			
HO! F	SIZE			& TUBING SIZE	CEMENTING RECORD	_ -	SACKS CEN	AENT
HOLL								
					1			
rest data an	D REQU	UEST FO	OR ALLOWA	BLE (Test must be a)	fter recovery of total voi pth or be for full 24 hour		and must be equal to or	exceed top allow-
Date First New Cil	Aun To T	Canks	Date of Teet		Producing Method (Flo	 	(, e.c.) []	[P
			Tubing Pressu		Casing Pressure	·	Choxe Size	SI WE
Length of Test							SEP	
Actual Prod. During	Test		Oll-Shis.	/	Water-Bbls.		GON CON	1985
CARMETT							DIST.	DIV
GAS WELL Actual Prod. Test-	MCF/D		Length of Test		Bbis. Condensate/MMC	CF	Gravity of Condensate	,
Teeting Method (pit	ioi, back	pr./	Tubing Pressu	se (Shnt-in)	Cosing Pressure (Shu	t-in)	Choke Size	
CERTIFICATE (OF COM	iPLIAN(CE		OIL	CONSERVA	TION COMMISSIO	 N
			SEP 27 1985 . 19					
hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.			Srank J ()					
bove is true and	l comple	te to the	best of my k	nowledge and better.	TITLE	SUPERVISOR	DISTRICT # 3	
	\bigcap) /	201			to be filed in a	compliance with RUL	E 1104.
Male Uselden			This form is to be filed in compliance with RULZ 1104. If this is a request for allowable for a newly drilled or despended					
(Signature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
District Clerk (Tale)			All sections of this form must be filled out completely for allowable on new and recompleted wells.					
9-19-85			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.					
(Date)				F1		ter, or other such char t be filed for each		
					completed wells.	mide		•