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Submit to Appropriate District Office

5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address BHP PETROLEUM (AMERICAS) INC. P.O. BOX 977 FARMINGTON, NEW MEXICO 87499		2 OGRID Number 2217
		3 Reason for Filing Code RECOMPLETION
4 API Number 30 - 0 45-07293	5 Pool Name BASIN FRUITLAND COAL	6 Pool Code 71629
7 Property Code 2038	8 Property Name GALLEGOS CANYON UNIT	9 Well Number #35

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	20	28N	12W		1650'	FSL	1650'	FWL	SAN JUAN

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
" Lac Code N	" Producing Method Code FLOWING	" Gas Connection Date -----			" C-129 Permit Number N/A		" C-129 Effective Date N/A		" C-129 Expiration Date N/A

III. Oil and Gas Transporters

[illegible]

IV. Produced Water

" POD 561450	" POD ULSTR Location and Description...
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V. Well Completion Data

" Spud Date 8-15-53	" Ready Date 10-25-92	" TD 1436'	" PBTD 1368'	" Perforations 1331'-1335' 1338'-1358'
" Hole Size 13 3/4"	" Casing & Tubing Size 10 3/4" 29#	" Depth Set 91'	" Sacks Cement 90 SX	
8 3/4	7" 20#	1374'	134	
	2 3/8"	1358' KB		

VI. Well Test Data

" Date New Oil N/A	" Gas Delivery Date	" Test Date 10-25-92	" Test Length 24 HRS.	" Tbg. Pressure -0-	" Csg. Pressure 40
" Choke Size 1/4"	" Oil	" Water -0-	" Gas 35	" AOF N/A	" Test Method PUMPING

* I hereby certify that the rules 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:

Printed name:

Title: PRODUCTION SUPERINTENDENT

Date: 6-15-95

Phone: (505) 327-1639

OIL CONSERVATION DIVISION

Approved by:

Title: DEPUTY OIL & GAS INSPECTOR, DIST. #63

Approval Date: JUN 19 1995

⁴¹ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date _____