Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWAE	BLE AND AUTHORIZATION
TO TRANSPORT OIL	AND NATURAL GAS

Decilor BHP PETROLEUM (AMERICAS) INC.						1	Well API No.				
						30-045 -0755 8					
Address											
P.O. BOX 977 FAI		ON, Ni	8 N	499							
Reason(s) for Filing (Check proper box)					Othe	A (Please expla	iin)				
New Weil		Change in	•	$\overline{}$							
Recompletion [7]	Oil	Ļ.	, -	_							
Change in Operator	Casinghe	ad Gas	Cond	ensate							
change of operator give name nd address of previous operator											
I. DESCRIPTION OF WELL	, AND LF		Tr	Nome to 1 of	r	 	1 p		1	asa Na	
Lease Name	7 - 3 - 7 - 7 - 7 - 7	Well No.			=			of Lease Federal or Fee	=	44 No. 78109	
GALLEROS TANYON	<u></u>	32	<u> </u>	<u> </u>	MITLAND	LACQ	-		5 F U	TOTAR	
Location		000			NI I I I I	- /	· F. 6.	_		m.	
Unit Letter	;	990	_ Feat 1	From The 🛄	OUTH LIM	and16	<u>50</u> Fe	et From The .	<u>WES</u>	Line	
Section 7 Tours	L: _ 0	8 N	D	• 12W	, , , , , , , , , , , , , , , , , , ,	479k.4	207	JUAN		County	
Section Towns	nip <u></u>	<u> </u>	Rang	<u> </u>	, ru	ирм,	<u>DAN</u>	<u>UURN</u>		County	
II. DESIGNATION OF TRA	NSPORT	ER OF O	II. A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conde				e address 10 wl	hich approved	copy of this f	orm is to be se	uu)	
·	L			LJ			••	• • •			
Name of Authorized Transporter of Cas	inghead Gas		or Dr	y Cas [Y]	Address (Giv	e address to wi	hich approved	copy of thus	form is to be se	ini)	
_EL PASO NATURAL (GAS				1	30X 499					
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.			 ,	When 7			
give location of tanks.		1			1	YES		19	53		
f this production is commingled with th	at from any o	ther lease of	r pool, g	zive comming	ling order num	ber:					
IV. COMPLETION DATA		 ,			·~						
Designate Type of Completio	n - (Y)	Oil Wei	n [Gas Well	New Well	Workover	Deepen	: •	Same Res'v	Diff Res'v	
Date Spudded				<u>.</u>	Total Depth	L	<u> </u>	<u> </u>	1		
•		Date Compl. Ready to Prod.				_ 1		P.B.T.D.	P.B.T.D.		
05/25/53		09/07/92				1417' Top Oil/Gas Psy			13771		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation BASTIM FRUITLAMDOOM				1 *	•		Tubing Depth			
Perforations	[D.A.F.]	<u>. fnd</u>	<u> </u>	11.11 N.A.1	.1	1342.	· · · · · · · · · · · · · · · · · · ·	Depth Casi	13641		
								Sopii Cesti	ng ance - 1381'		
		TUBINO	. CAS	SING AND	CEMENT	NG RECOR	RD.	1	<u> </u>		
HOLE SIZE	0	ASING & T			CEMENTING RECORD DEPTH SET			1	SACKS CEN	IENT	
13*1/4"		0-3/4'	1	32.7#	89'			90 sk NEAT			
8-3/4"			,	20 #	39:			134 SX MELT /2/			
		2-3/8 ¹	,	- 7#	† 	1364!		1-3-5	1-34-55		
		<u> </u>			 			 			
V. TEST DATA AND REQU	EST FOR	ALLOW	ABL	E	<u> </u>					······································	
OIL WELL (Test must be after					s be equal to or	exceed top all	lowable for th	is depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of		-		 	ethod (Flow, p				 ,	
										÷-	
Length of Test	Tubing !	Tessure			Casing Press	rrue		Choke Size	· · · · · · · · · · · · · · · · · · ·		
							1. 4.9 · · · · · · · · · · · · · · · · · · ·				
Actual Prod. During Test Oil - B		- Bols.			Water - Bbis			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length o	of Test			Bbis. Conde	asale/MMCF	······································	Gravity of	Condensate		
400		24 hrs,			II/A			7 × 7 A			
Testing Method (pitot, back pr.)	Tubing	ibing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
FACK TR.		163				175			1/2"		
VI. OPERATOR CERTIFI	CATE	F COM	PLIA	NCE							
I hereby certify that the rules and re-	gulations of t	he Oil Coas	ervation	1		OIL COI	NSERV	ATION	DIVISIO	NC	
Division have been complied with a	nd that the in	formation gi	iven abo	ove			^	07 AA	1000		
is true and complete to the best of m	ny knowledge	and belief.			Date	Approve	\mathbf{U}_{he}	CI 08	1992		
\					Dail	- whhicas	·				
Jan Land					D.						
Signature IOMERY	د ساندات 	RATION	T.C. (1	Ting.	By_			 			
Printed Name	<u> </u>	.A.I.Q.	Title								
10/05/92		ସ ପ	1104 17 - 11		Title	- OFFILTY	an Cha	24 / 76	<u> </u>		
Dute				<u> </u>	Н						

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.