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TRANSPORTER	OIL
	GAS
PERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

BHP Petroleum (Americas), Inc.	
P.O. Box 3280, Casper, WY 82602	
Reason(s) for filing (Check proper box)	
Well Completion	Change in Transporter of:
Change in Ownership	Oil
	Casinghead Gas
	Dry Gas
	Condensate
Other (Please explain)	

Change of ownership give name Energy Reserves Group, Inc., P.O. Box 3280, Casper, WY 82602  
Address of previous owner

DESCRIPTION OF WELL AND LEASE	
Well Name	Well No.
Gallegos Canyon Unit	269
Pool Name, including Formation	Kind of Lease
West Kutz-Pictured Cliffs	State, Federal or Federal
Location	Lease No.
Unit Letter	SF078106
0	
790	
Feet From The	Line and
South	1580
Feet From The	East
Line of Section	Township
18	28N
Range	12W
NMPM.	San Juan
County	

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
or Condensate	
Name of Authorized Transporter of Casinghead Gas	Address (Give address to which approved copy of this form is to be sent)
or Dry Gas	
El Paso Natural Gas Co.	P.O. Box 990, Farmington, NM 87401
Unit	Is gas actually connected?
Sec.	When
Twp.	Yes
Pqn.	
well produces oil or liquids,	
ve location of tanks.	

his production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well
	Gas Well
	New Well
	Workover
	Deepen
	Plug Back
	Same Res'v.
	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.
	Total Depth
	P.B.T.D.
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
	Top Oil/Gas Pay
	Tubing Depth
erforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE	
(Test must be after recovery of total volume of loss of gas and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
First New Oil Run To Tanks	Date of Test
	Producing Method (Flow, Pump, etc.)
Length of Test	Tubing Pressure
	Casing Pressure
Actual Prod. During Test	Oil - Bbls.
	Water - Bbls.

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DIST. 3

AS WELL	
Actual Prod. Test-MCF/D	Length of Test
	Bbls. Condensate/MMCF
	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Wade Bolder  
(Signature)  
District Clerk  
(Title)  
9-19-85  
(Date)

OIL CONSERVATION COMMISSION

SEP 27 1985

APPROVED \_\_\_\_\_

BY Frank J. O'Connell  
SUPERVISOR DISTRICT 3

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.