** (**********					
DISTRIBUTION					
FAFE					
٤					
G.S.		!			
O OFFICE					
INSPORTER	OIL				
	GAS				
MATOM					

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSCOOT

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

O OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURA	AL GAS	# 		
INSPORTER GAS						
PATON OFFICE			•			
BHP Petroleum (Am	ericas), Inc.					
P.O. Box 3280, Ca	sper, WY 82602			-		
on(s) for filing (Check proper box,	,	Other (Please explain)				
we!l	Change in Transporter of: Oil Dry Gas					
nge in Ownership	Casinghead Gas Candens	7	•			
ange of ownership give name E didress of previous owner	nergy Reserves Group, Inc	e., P.O. Box 3280, Ca	sper, WY 82602			
CRIPTION OF WELL AND	LEASE Well No., Pool Name, Including Fo			i :		
allegos Canvon Unit	276 West Kutz-Pict			Lege No. -149 Ind-8471		
I . 165	50 Feet From The South Line	1000				
	20 Feet From the South Line	and 1090 Feet F	rom The Last			
Ine of Section * 25 To	waship 28N Range 1	3W , NMPM, S	San Juan	County		
IGNATION OF TRANSPORTE OF Authorized Transporter of Cit	TER OF OIL AND NATURAL GAS		approved copy of this form is to b	e sentj		
te of Authorized Transporter of Ca	singhead Gas or Dry Gas A	Address (Give address to which	approved capy of this form is to b	e sensi		
El Paso Natural Gas		P.O. Box 990, Farm	nington. NM 87401			
ell produces oil or liquids, Plocation of tanks.	Unit Sec. Twp. P.gs.	Yes	When			
is production is commingled wi MPLETION DATA	th that from any other lease or pool, to the control of the contro	_				
Designate Type of Completic	n – (X)	New Well Workover Deepe	Plug Back Same Restv.	Dill. Res'v.		
e Spudged	Date Compi. Ready to Prod.	Total Depth	P.3.T.D.			
rations (DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top QU/Gas Pay	Tubing Depth			
forations			Depth Casing Shoe			
		CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEME	41		
ST DATA AND REQUEST F. WELL.	OR ALLOWABLE (Test must be at able for this de	fter recovery of total volume of loc pth or be for full 24 hours)	ad oil and muste equal to or exe	eed top allow-		
First New Cil Hun To Tanks	Date of Test	Producing Method (Flow, pump,	as life. of EGE	W.P.		
igin of Test	Tubing Pressure	Coaing Pressure	Chox. Size			
ual Prod. During Test	Cti-Bbis.	Water-Bble.	198 (198)	5 U		
		<u> </u>	DIST D	172		
S WELL ual Prod. Teel-MGF/D	Length of Test	Bble. Gangenegte/MMCF	Gravity at Condensate			
Hing Method (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (5hut-in)	Choke Size			
eby certify that the rules and regulations of the Oil Conservation nission have been compiled with and that the information given e is true and complete to the best of my knowledge and belief.				9		
As Is this and complete to the	. Seek or my knowledge and ocitet.	SUPERVISOR DISTRICT # 1		•		
() 0.	P0D .	This form is to be filed in compliance with RULE 1104.				
M. March	/ Jolain	If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation				
District Clark All sections of this form must be filled out completely for all)			
able on new and recompleted wells.						
(D.	nte/	well name or number, or tra	insporter, or other such change	of condition		
(Tule)		If this is a request for allowable for a newly drilled or despended 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 filled for each pool in multiply				