DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		<u>i </u>	
LAND OFFICE			<u> </u>
TRANSPORTER	oir		L
	GAS	Ţ	
OPERATOR			
		7	1 —

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator	ana) Ino		
BHP Petroleum (Americ	cas), inc.		
P. O. Box 3280 Caspe	r, Wyoming 82602		
Reasons for liling (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	OII Dry Gos	7	
Change in Ownership	Casinghead Gas Condens	sate []	
If change of ownership give name and address of previous owner	Energy Reserves Group, I	nc,. Box 3280 Casper, W	y. 82602
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo	,	or Fee Federal SF078019
E. H. Pipkin	6-E Basin Dakota	J. J	rederal provocts
Location F 22	50 Feet From The North Line	645	West
Unit Letter E : 22	50 Feet From TheCine	reet From t	
Line of Section 36 To	whiship 28N Range 11	W , NMPM, S	an Juan County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	red copy of this form is to be sent)
Giant Industries, In	.c.	Box 256, Farmington, N.	M. 87401
Name or Authorized Transporter of Ca		Address (Give address to which approv	ved copy of this form is to be sent)
Southern Union Gathe		First International Bld	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	-n
give location of tanks.	E 36 28N: 11W		
If this production is commingled w COMPLETION DATA	th that from any other lease or pool,	New Well Workover Deepen	Plug Back 'Same Res'v. 'Diff, Res'v.
Designate Type of Completi		i i	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.3.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top QU/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fier recovery of total volume of load oil	and must be equal to or exceed top allow
OH. WELL _	able for this de	epth or be for full 24 hours)	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	
	Tubing Pressure	Casing Pressure	Those Size
Length of Test	, asing , assauts		CED 2 1896
Actual Prod. During Test	Cil-Bbis.	Water-Bbls.	Gas-MCP L C 1000
	/		LOIL CON DIV.
			DIST. 3
GAS WELL	Li contrat Tari	Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Date: Coliffering (a) WWOL	
Testing Method (pitot, back pr.)	Tubing Pressure (Shmt-in)	Cueing Pressure (Shut-in)	Chake Size
		-	
CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATTOD GOAMIODAIN
			SLI NI 1500
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	J(2) 7."——
c been complied	with and that the information given he best of my knowledge and belief.	TITLE SUPERVISOR DISTRICT # 1 This form is to be filed in compliance with RULE 1104.	
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Alal O	≥ 0.0		
	nalwe) /	It was the form must be accompanied by a tabulation of the deviation	
() street	Ckill	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow	
	ule) able on new and recompleted wells.		wells.
Fill out only Sections I, II, III, and VI		II, III, and VI for changes of owner or other such change of condition	
(.	Date)	Separate Forms C-104 mu	ist be filed for each pool in multiple
		completed wells.	