DISTRIBUTE	FFICE OIL GAS	
IANTA FE		
TILE		
J.S.G.S.		
LAND OFFICE		
	OIL	
THANSPORTER	GAS	
ROTARESC		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Elloctive (-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TAND OF FICE											
FRANSPORTER ├─-) IL										
PERATOR											
PROPATION OFFIC	E		L	· · · · · · · · · · · · · · · · · · ·							
BHP Petr	oleui	m (Ame	ericas),	Inc.							
P.O. Box				82602							
(eason(s) for tiling (Ch	eck pro	per box)					Other (Please e	xplain)			
iew Weil	4		Change in Transporter of:								
Recompletion Change in Ownership X	┥		Oll Dry Gas Casinghead Gas Condensate								
change of ownership	p give	name Ei	nergy Re	serves G			. Box 328	O, Caspei	, WY 82	602	
ESCRIPTION OF	WELL	. AND I		o. Pool Name	, including Fo	rmation	1)	(ind of Lease			
Gallegos Cany	von l	Init	David of H. 11 1 Florida						lera1	SF-078109	
_	;	1	120 Feet F	rom The S	outh_Line	and <u>17</u>	80	Feet 7 rom T	he West		
Line of Section 9	· 	Tow	mship 2	8N	Range	12W	, ММРМ,	San .	Juan		County
ESIGNATION OF				L AND NA			Give address to	which approv	ed copy of thi	s form is to	be sent)
Name of Authorized Tra	ansport	er of Cas	ingh a ad Gas	or Dry	Gas 🛣	Address (ive address to	which approv	ed copy of thi	s form is to	be sens)
El Paso Na							Box 990.			•	-
If well produces all or large location of tanks.				ec. Twp.	P.gs.	ls gas act	ually connected	? Whe		<u></u>	
this production is c	ommin	gled wit	h that from	any other lea	ase or pool, s		es ingling order :	number:			
COMPLETION DAT	r <u>A</u>			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	'v. Dili. Res'v
Designate Type	of Co	mpletio		Bandu to De	, !	Total D	1	1 1 1	l i		\$ *
Date Spudded				. Ready to Pro		Total Dep	P.B.T.D.				
Elevations (DF, RKB, I	RT, GR	, etc. <i>j</i>	Name of Pr	roducing Formation		Top C11/Gas Pay		Tubing Depth			
Perforations									Depth Casin	; Shoe	
			,	TUBING, C	ASING, AND	CEMENT	ING RECORD				
HOLE SI	ZE		CASI	NG & TUBIN	G SIZE	DEPTH SET		Г	SACKS CEMENT		
			<u> </u>						<u></u>		
									ļ		
											
TEST DATA AND P				G	est must be af ble for this de	oth or be fo	y of total volum r fuli 24 hours)			ual to or e	xceed top allow
Date First New Cil Run	n To To	ink 3	Date of Tee	s t		Producing	Metnod (Flow,	pump, gas lif	t, etc.j		
ength of Test			Tubing Pre	Tubing Pressure		Coaing Pressure			Choke Size		
Actual Prod. During To	a t		O11-Bbis. /		Water - Bbis.			Gas-MCF			
TAC IECT Y			<u> </u>			L			<u> </u>	Digi	1 017.
Actual Prod. Teel-MC	F/D		Length of T	est		Bble. Cor	densate/MMCF		Gravity of C	ondeneate	, <u>v</u>
Testing Method (pitot,	back p	·.)	Tubing Pre-	eswe (Shat-	in)	Casing Pr	essue (Shat-	in)	Choke Size		
ERTIFICATE OF	COMI	PLIANO	CE				-	ONSERY	TION CON	MISSION 1985	
hereby certify that to ommission have been bove is true and co	en com	plied w	ith and the	at the inform	ation given	BY	oved	SUPERVISOR	DISTRICT		19
	\bigcirc	a 1	¬ ^			TITLE				7)	T 1104
AL	del	(L)	elder			10	is form is to this is a requ	est for allow	able for a ne	wly drill	ed or deepene
(Signatur)			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								
District Clerk			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-								
(Tule) 9-19-85			able or	new and rec	ompleted we	illa.		,			
							ll out only S me or number				
		(Da	(*)			S.	me or number, parate Forms ted wells.	_			