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TRANSPORTER	OIL
	GAS
OPERATOR	
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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

Name of Operator: BHP Petroleum (Americas), Inc.

Address: P.O. Box 3280, Casper, WY 82602

Reason(s) for filing (Check proper box) Other (Please explain)

Well Completion Change in Transporter of: Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Allegos Canyon Unit</u>	<u>279</u>	<u>West Kutz-Pictured Cliffs</u>	<u>State, Federal or Fee Federal</u>	<u>SF078828</u>

Section E ; 650 Feet From The North Line and 990 Feet From The West

Line of Section 23 Township 28N Range 12W , NMPM, San Juan County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Co. P.O. Box 990, Farmington, NM 87401

Well produces oil or liquids, location of tanks. Unit Sec. Twp. Rgn. is gas actually connected? when

Yes

is production 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 Restv.	Diff. Restv.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Productions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Productions			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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date of First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	RECEIVED SEP 27 1985 OIL CON. DIV. DIST. 3
Depth of Test	Tubing Pressure	Casing Pressure	
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	

SHUT-IN WELL

Total Prod. Test-MMCF/Q	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 herein is true and complete to the best of my knowledge and belief.

Deke Belter
 (Signature)
 District Clerk
 (Title)
9-19-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 27 1985 19 _____

BY Frank J. [Signature]
 SUPERVISOR OF DISTRICT _____

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.