

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Grizos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|
| Operator<br><b>BHP PETROLEUM (AMERICAS) INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Well API No.<br><b>30-045-26431</b> |
| Address<br><b>P.O. BOX 977 FARMINGTON, NEW MEXICO 87499</b>                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change to Transporter of: <input checked="" type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <b>CHANGE POOL TO NORTH PINION</b><br>Change to Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <b>FRUITLAND SAND PER R8769</b> |  |                                     |
| If change of operator give name and address of previous operator _____                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     |

#### II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                              |                        |                                                                      |                                         |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------|-----------------------------------------|-------------------------------|
| Lease Name<br><b>GALLEGOS CANYON UNIT</b>                                                                                                                                                                                    | Well No.<br><b>361</b> | Pool Name, including Formation<br><b>NORTH PINION FRUITLAND SAND</b> | Kind of Lease<br>State, Federal or Free | Lease No.<br><b>SF 078106</b> |
| Location<br>Unit Letter <b>B</b> : <b>1150</b> Feet From The <b>NORTH</b> Line and <b>1660</b> Feet From The <b>EAST</b> Line<br>Section <b>15</b> Township <b>28N</b> Range <b>12W</b> , <b>NMPM</b> <b>SAN JUAN</b> County |                        |                                                                      |                                         |                               |

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |      |      |      |                            |             |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|------|------|----------------------------|-------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |             |
| <b>EL PASO NATURAL GAS CO.</b>                                                                                           | <b>P.O. BOX 4990 FARMINGTON, NM 87499</b>                                |      |      |      |                            |             |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When?       |
|                                                                                                                          |                                                                          |      |      |      | <b>YES</b>                 | <b>1985</b> |

If this production is commingled with that from any other lease or pool, give commingling order number \_\_\_\_\_

#### IV. 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.          |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          |              | Tubing Depth      |            |            |
| Perforations                        |                             |          |                 |          |              | Depth Casing Shoe |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |              |                   |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT |                   |            |            |
|                                     |                             |          |                 |          |              |                   |            |            |
|                                     |                             |          |                 |          |              |                   |            |            |
|                                     |                             |          |                 |          |              |                   |            |            |
|                                     |                             |          |                 |          |              |                   |            |            |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls      | Water - Bbls                                  | Gas - MCF  |

#### GAS WELL

|                                |                           |                           |                       |
|--------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D      | Length of Test            | Bbls Condensate/MCF       | Gravity of Condensate |
| Testing Method (prior back pr) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

#### VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

**FRED LOWERY** OPERATIONS SUPERINTENDENT

Printed Name (505) 327-1639 Title

Date Telephone No

#### OIL CONSERVATION DIVISION

Date Approved **JAN 25 1994**

By **Brian J. Shaw**  
SUPERVISOR DISTRICT #3

Title \_\_\_\_\_

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.