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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NN	A 87410	REQU	EST FOR	ALLOWA	BLE AND	ALITHOD	IIZAT!ON			
I. Operator			O TRANS	PORT O	L AND NA	TURAL	SAS			
BHP Petrole	Well API No. 30-045-27554									
5847 San Fe	elipe	Suite	≥ 3600	Housto	on TX 7	7057-3	005			
Reason(s) for Filing (Check pro	per box)				Oth	et (Please exp	olain)			
New Well			Change in Tran	asporter of:	_		_			!
Recompletion		Oil	L Dry	Gas			-			
Change in Operator		Casinghead	Gas 🔲 Con	densate						
If change of operator give name and address of previous operator										
IL DESCRIPTION OF	WELL .			d Name Inchu	ting Formation			 .		
Gallegos Ca	inyon	Unit	378	Basin	Fruitl	and	Kind	of Lease Federal KREE	SF-	078903-
Location Unit Letter	K	232	25 Fee	From The	South	e and	1480	et From The	West	Line
Section 34	Township	28N	Ran	12W			an Jua			County
W DEGIGNATION OF										County
III. DESIGNATION OF Name of Authorized Transporter	TRAIN:		OF OIL A	AND NATU			47-1			
					Address (Offi	e daaress to w	vhich approved	copy of thus fo	orm is to be set	ru)
Name of Authorized Transporter El Paso Natur	al G	head Gay as Con	npany or I	жу Gas 🗶	Addres (G)	6 % 99 0	rich applicati	ngroui	NM" " 87	4 01
If well produces oil or liquids, give location of tanks.		Unit	Sec. Twy	p. Rge.	ls gas actual	connected?	When	?		
If this production is commingled IV. COMPLETION DA		rom any othe	r lease or pool,	give comming	ling order numb	xer:		<u>-</u>		
IV. COMPLETION DA	IA		Oil Well	Gas Well	New Well	Workover			la	
Designate Type of Con	pletion -	(X)		X	X	workover 	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		Date Compl.	. Ready to Proc	i	Total Depth			P.B.T.D.	·	1
1/22/90 Elevations (DF, RKB, RT, GR, e			/30/90		Top Oil/Gas	61 '		17	02'	
Elevauons (DF, RKB, RT, GR, etc.) Name of Producing Formation 5836 GR; 5844 Basin Fruit1 Perforations								Tubing Depth 1518		
	1501	'-03'	, 1505	'-17 '				Depth Casin	g Shoe 1750'	
					CEMENTI	NG RECO	RD	`		
HOLE SIZE	<u>. </u>		ING & TUBIN			DEPTH SET		S	ACKS CEME	NT
12 1/4		8 5	5/8"		14	4'		105 s	x (121	ft ³)
7 7/8"		4 1	1/2"		175	0.1		430 s	x (534	ft ³)
				23/8		/	5/8	<u> 430 S</u>	A (JJ4	<u> </u>
V. TEST DATA AND R OIL WELL — Tesi musi				_						
Date First New Oil Run To Tani	oe after re	Date of Test		ad oil and mus	be equal to pe		lowable for this		on full 24 hour	5.)
	-	Date of Its			Tromcale ate	ulou, je tom, p	umps, gas tyt, e	9.7	1:	
Length of Test	-	Tubing Press	sure		Casing Pressu		3.100	Choke Siz	, , , , , , , , , , , , , , , , , , ,	
Actual Prod. During Test	-	Oil - Bbls.			Water - Bbls.	!!!!_	198	Gas- MCF		
		Oli - Buls.			Water - Durk	· . h s - 2°	20 A. B.	T. I.		·
GAS WELL)	JN.	DIA.		
Actual Prod. Test - MCF/D	-	Length of Te	est		Bbis. Condens	MMCFI	1187. 3	Gravity of C	ondensate	
211		24	4		. 0			NA.		
Testing Method (puot, back pr.)		Tubing Press	sure (Shut-in)		Casing Pressu	re (Shut-in)	,	Choke Size		
Back Pressi		NA.			N.	<u>A ೩</u>	6	1	/ 2"	
VI. OPERATOR CER							JOEDA	TION	SIMOLO	N.
I hereby certify that the rules Division have been complied							NSERVA	SED U	71,41510	IN
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					11			JET U	4 1330	
00 1/10	D -	122 "			Date	Approve	ed		<u> </u>	*
Taul (t	21/2	10			D.:		7.		\rightarrow	1
Significant C. Bei	rtogł	io Si	r. Peti	roleum	Engry.				- Krany	
Printed Name 7/2/90			0-5446		Title		SUPER	VISOR	DISTRI	OT 42
112170	(71	וס/ וני.	リーン440		it title.					<u> </u>

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

Date

- 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.

Telephone No.

- 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.