Submit 5 Copies
Appropriate District Office
DISTRICT J
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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOTR	ANSPORT C	DIL AND NA	TURAL G	AS		_			
Operator BHP PETROLEUM (AMERICAS) INC.					Well API No.					
Address	ARMINGTON, NEW	MEXICO	87 4 99			-045-2875	59			
Reason(s) for Filing (Check proper box New Well Recompletion	Change i	a Transporter of:	·	es (Please expl	аи)					
Change in Operator	Casinghead Gas	_ Condensate _	<u></u>							
and address of previous operator		**								
II. DESCRIPTION OF WEL	L AND LEASE					···				
			•				of Lease No. Federal or Fee SF 078905			
Location M Unit Letter	1010	1010 So : Feet From The			OUTH 995			et From TheLise		
Section 12 Town	ship 28N	Range 12W	и, м	MPM, SA	N JUAN			County		
III. DESIGNATION OF TRA	ANSPORTER OF C	DII. AND NAT	TURAL GAS							
Name of Authorized Transporter of Oil	or Conde			e address to w	hich approved	copy of this for	m is to be se	N)		
Name of Authorized Transporter of Car BHP PETROLEUM (AMERI	- '	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 977 FARMINGTON, NM 87499								
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. R	ge. Is gas actuall YES		When					
If this production is commingled with the IV. COMPLETION DATA	nat from any other lease o	r pool, give comm	ingling order num	ber:						
Designate Type of Completion	$\frac{ \text{Oil We} }{ \text{Oil We} }$	II Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Resiv		
Date Spudded 10-17-92	Date Compl. Ready 12-20-92	Date Compl. Ready to Prod.		Total Depth 1560'		P.B.T.D.	456′	- 		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
5487 ' GR Perforations	FRUITLAND COAL			1403′			1417 / Depth Casing Shoe			
1403'- 15'						1	554 <i>′</i>			
	TUBING	TUBING, CASING AND			CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
8 3/4" 6 1/4"		7" 20#		144'			100SX CL."B"+ADD.			
	4 1/2" 10.5#		1554	1554′			215SX 50/50 POZ +ADD			
2 3/8"			1417	1417'			-			
V. TEST DATA AND REQU OIL WELL Test must be after						gegrang of a	بور م و د را			
Date First New Oil Run To Tank	r recovery of total volume Date of Test	of load oil and m					full 24 hou	11 1/2		
	Date of Fea	Date of Tea			Producing Method (Flow, pump, gas lift, a					
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbla.	Oil - Bbia.			Water - Bbis.			c-GIL COLO DIA		
GAS WELL		-		·		<u>. </u>	£36.			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	MMCF		Gravity of Cos	densale			
160	24 HRS				N/A Casing Pressure (Shut-in)					
Testing Method (puor, back pr.) BACK PR.		Tubing Pressure (Shut-is)			Casing Pressure (Shut-in) 395			Choke Size		
VI. OPERATOR CERTIFI	. <u></u>	_ 395	375			3/8"				
I hereby certify that the rules and reg Division have been complied with a	gulations of the Oil Conse	rvation		DIL CON	ISERV/	ATION D	IVISIC	N		
is true and complete to the best of m			Date	Approve	d		i je			
Signature FRED LOWERY OPER	ATIONS SUPERI	Much	Ву_	Original Si	aned by CF	ARLES GHUL	ON			
Printed Name 02-11-94 (50	Title	Titlestagese								
Dute		ephone No	· 11							

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.