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Appropriate District Office  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.

Operator <b>BHP Petroleum (Americas) Inc.</b>		Well API No. <b>30-045-27589</b>
Address <b>5847 San Felipe Ste 3600 Houston TX 77057-3005</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gallegos Canyon Unit</b>	Well No. <b>385</b>	Pool Name, including Formation <b>Basin Fruitland</b>	Kind of Lease <del>State</del> , Federal or <del>Lease</del>	Lease No. <b>SF080600</b>
Location				
Unit Letter <b>M</b>	<b>790</b>	Feet From The <b>South</b> Line and <b>790</b> Feet From The <b>West</b> Line		
Section <b>17</b>	Township <b>29N</b>	Range <b>12W</b> , NMPM, <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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Company</b>	<b>PO Box 990 Farmington, NM 87401</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw.	Rge.	Is gas actually connected?	When?
					<b>WOPL</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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>3/24/90</b>	Date Compl. Ready to Prod. <b>5/25/90</b>	Total Depth <b>1740'</b>		P.B.T.D. <b>1684'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>GR-5558'; KB-5566'</b>	Name of Producing Formation <b>Fruitland Coal</b>		Top Oil/Gas Pay <b>1458'</b>		Tubing Depth <b>1520'</b>			
Perforations <b>1458'-1482'; 1486'-1492'</b>					Depth Casing Shoe <b>1733'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>8 3/4"</b>	CASING & TUBING SIZE <b>7"</b>		DEPTH SET <b>134</b>		SACKS CEMENT <b>50 sx (57.5 ft<sup>3</sup>)</b>			
<b>6 1/4"</b>	<b>4 1/2"</b>		<b>1733</b>		<b>260 sx (329 ft<sup>3</sup>)</b>			
	<b>2 3/8"</b>		<b>1520</b>					

### 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 all other tests in the pool.)			
Date First New Oil Run To Tank	Date of Test	Producing Method	Choke Size
			<b>3/8"</b>
Length of Test	Tubing Pressure	Casing Pressure	Gas- MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL			
Actual Prod. Test - MCF/D <b>360</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>0</b>	Bbls. of Condensate <b>NA</b>
Testing Method (puot, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>192</b>	Casing Pressure (Shut-in) <b>258</b>	Choke Size <b>3/8"</b>

### 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.

*Paul C. Bertoglio*  
Signature  
**Paul C. Bertoglio, Sr. Pet. Engr.**

Printed Name  
**6/6/90** (713) 780-5446  
Date Telephone No.

### OIL CONSERVATION DIVISION

**JUN 29 1990**

Date Approved

By

Title

*[Signature]*  
**SUPERVISOR DISTRICT 13**

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.

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