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

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

State in Inew Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.	REQUE:	ST FOR ALLOW	ABLE AND AUTHORIZA	NOIT	
TO TRANSPORT OIL AND NATURAL GA BHP PETROLEUM (AMERICAS) INC.				Well API No.	
Addiesa (AME)	RICAS) INC.			30-045-28234	
P.O. BOX 977 FARMII	NGTON, NM	87499			
New Well [X]		ange in Transporter of:	Other (Please explain)		
Recompletion [_]	Oil	Dry Gas			
Change in Operator	Caxinghead Gr				
If change of operator give name and address of previous operator					
II. DESCRIPTION OF WELL	LANDIFACE	7			
Lease Name	1 44	II No. Pool Name, Inc.	luding Formation		
GALLEGOS CANYON UNI	<u>1</u> 3	95 BASIN FR	UITLAND COAL	Kind of Lease State, Federal or Fee Lease No.	
Location	0.50				
Unit Letter B	860	Feet From The	NORTH Line and 1595	Feet From The EAST	ine
Section 30 Towns	<u>hip 29N</u>	Range 1	2W NMPM, SAN JI	11AN	
III. DESIGNATION OF TRA	NCDADTED		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	County	'
III. DESIGNATION OF TRA	HOLOICI FIC C	Ondensale Condensale	URAL GAS		
	1		Modress (Give address to which i	approved copy of this form is to be sent)	
Name of Authorized Transporter of Cass EL PASO NATURAL GAS	nglicad Gas	or Dry Gas [X	Address (Give address to which o	approved copy of this form is to be seril)	
If well produces oil or liquids,	·		<u>- 1 P.U. BUX 990</u> FAR	RMINGTON, NM 87499	
give location of tanks.	Unit Sec.	Twp. Rg	Be. Is gas actually connected?	When 7	
If this production is commingled with the IV. COMPLETION DATA	I from any other lea	se or pool, give commis	YES	09/27/91	
IV. COMPLETION DATA		Pro Continu	nging order number:		
Designate Type of Completion	loii	Well Gas Well	New Well Workover D	Deepen Plug Back Same Res'v Aff Res	
Date Spaided		X	1 X i i -	vector Plug Back Same Res'v Diff Res'	٧
10/25/90	Date Compl. Re.	ady to Phyd. L/12/91	Total Depth	P.B.T.D.	
Elevations (I)F, RKB, RT, GR, etc.)	Name of Product		Top Oil/Gas Pay	1273'	
Perforations 5303 GR	BASIN FRU	JITLAND COAL	1150'	Tubing Depth 1324	
	F /104 5-1-	0.004		Depth Casing Slice	
1150'-1176' @ 4 JSP	<u>r (104 noie</u>	85_{\odot} .38" in C	diameter)		
HOLE SIZE	CASING	& TUBING SIZE	D CEMENTING RECORD		
8-3/4"	7"	20#	DEPTH SET	SACKS CEMENT	
6-1/4"	4-1/2"	10.5#	1322'	100 sks "B" + additiv	<u>ves</u>
	2 2 7011			140 sks 50/50 POZ +ac 70 sks "B" + additiv	<u> 1a .</u>
A TEST DATA AND REQUE	2-3/8" ST FOR ALL (4.7#	1324		(E 3
11. WELL (Test must be after t	ecovery of total vol	whe of load oil and mu	St be equal to as exceed to allow the		
Pale First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, 1	e for this emph of the fall? [hows]	`
ength of Test				111/	
	Tubing Pressure		Casing l'respure	Choke Street 4 1991.	٠-
Actual Prod. During Test	Oil - Bbis.		Water - Ubia	i .	
				"ONE" CON. DIV.	
GAS WELL Notual Frod, Test: MCF/D				DIST. 3	لــــ
700	Length of Test		Bols. Condensate/MMCF	Gravity of Condensate	٠,
esting Method (pitot, back pr.)	24 ho	urs Economic	0		
TEST UNIT-BACK PRESSURE	19		Casing Pressure (Shut in)	Clicke Size	
I. OPERATOR CERTIFIC	ATE OF CO	MDLIANCE	200	1/2"	
" " " " " " " " " " " " " " " " " " "	tions of the Call of		OIL CONSE	RVATION DIVISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			JIE 00143E	HAVION DIVISION	
	nuwicuge and belie	ť.	Date Approved	OCT 0 4 1991	
Jess Lawre			- and whitened -	A	
Signature ERED_LOWERY	00-10-	T. C.	Ву	Bin) Chan	
Printed Name	<u> OPERA</u>	TIONS SUPT.			
10-03-91		Title 327-1639	Title	UPERVISOR DISTRICT 13	
Date		Telephone No.			

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Uill 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 exalt in multiply completed wells.