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TRANSPORTER	OIL
	GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110,
Effective 1-1-65

for	
BHP Petroleum (Americas), Inc.	
P.O. Box 3280, Casper, WY 82602	
Well	Change in Transporter of:
Completion	Oil
Change in Ownership	Casinghead Gas
	Dry Gas
	Condensate

Change of ownership give name
Address of previous owner Energy Reserves Group, Inc., P.O. Box 3280, Casper, WY 82602

DESCRIPTION OF WELL AND LEASE

Name	Well No.	Pool Name, including formation	Kind of Lease	Lease No.
State Gas Com "BH"	1	Basin Dakota	State, Federal or Free State	
Location				
Well Letter M : 900 Feet From The South Line and 870 Feet From The West				
Line of Section 32 Township 31N Range 13W, NMPM, San Juan County				

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil	Signature of Authorized Transporter of Casinghead Gas	Address (Give address to which approved copy of this form is to be sent)	Address (Give address to which approved copy of this form is to be sent)
Plateau Inc.		Box 108, Farmington, NM 87401	
		P.O. Box 990, Farmington, NM 87401	
Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.
	M	32	31N
			13W
			Is gas actually connected?
			Yes

Is production commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
WELL

(Test must be after recovery of total volume of load oil and must be able to exceed top allowable for this depth or be for full 24 hours)

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

SHUT-IN WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Rob Beld
(Signature)
District Clerk
(Title)
9-19-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 27 1985
BY Frank J. Dwyer
TITLE SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.