STATE OF NEW MEXICO

HERGY AND MINICRALS DEPARTMENT

MOT MIG INDIAC	17 47. G. L.	,, , ,	
DISTRIBUTION			Ι
BANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE .			
TRANSPORTER	OIL		
	GAB		
OPERATOR			
PROBATION OFFICE			

Administrator, Field Services

July 14, 1987

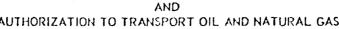
(Title)

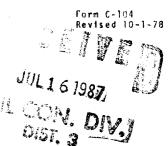
(Date)

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE





1.	OPERATOR GAS OPERATOR PROPATION OFFICE		ND PORT OIL AND NATURAL GA	s 9/51. 3 41.4.1			
	BHP Petroleum Compan	BHP Petroleum Company, Inc.					
	Address 5613 DTC Parkway, Ste. 600, Englewood, CO. 80111						
	eason(s) for filing (Check proper box) . Other (Please explain)						
	New Well	Change in Transporter of:					
	Recompletion	OII Dry G	33 <u> </u>				
	Change in Ownership	Casinghead Gas Conde	nsate X	·			
	If change of ownership give name and address of previous owner	N/A					
1.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Formation Kind of	Lease NN Lease No.			
	Montoya Com.	1A Blanco Mesave		oderal or (Foc) 20724-01			
	Location						
	Unit Letter P ; 119	O Feet From The S Lir	ne and 990 Feet F	rom The E			
	Line of Section 25 Too	waship 32N Range	13W , NMPM,	San Juan County			
1.	Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent)						
	Giant Refining Co.	Giant Refining Co. P. O. Box 9156, Phoeni		enix, AZ 05068 approved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🔀		1100 - 1 0			
	Suntera Da	Unit Sec. Typ. Rge.	Is gas actually connected?	When 7 1/2 11/25			
	If well produces oil or liquids, give location of tanks.	P 25 32N 13W		1			
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	,			
٧.	Designate Type of Completic	on - (X)	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations	1		Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
ľ.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load opth or be for full 24 hours)	d oil and must be equal to or exceed top allow			
i	OIL WELL Date First New Oil Run To Tanks	k.L.L.		as lift, etc.)			
				Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gaa-MCF			
	GAS WELL						
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pilot, back pr.)	Tubing Pressure (shut-is)	Coming Pressure (Shut-in)	Choke Sixe			
[1.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION				
			APPROVED	JUL 1 6 1987			
	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given		Original Signed by FRANK T. CHAYEZ				
	above is true and complete to the	best of my knowledge and belief.	BY	AUGUSTON DICTORT			

This form is to be filed in compliance with MULE 1104.

If this is a request for silowable 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, wall name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for such pool in multiply countered wells.