

OIL CONSERVATION DIVISION

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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	
Operator	

RECEIVED BY

SANTA FE, NEW MEXICO 87501

DEC 10 1985

REQUEST FOR ALLOWABLE

AND

O.C.D.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, NEW MEXICO

BHP Petroleum (Americas), Inc.

Address

P.O. Drawer 2437, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter oil

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Operating
Name Change onlyIf change of ownership give name
and address of previous owner

Energy Reserves Group, Inc.

I. DESCRIPTION OF WELL AND LEASE

Lease Name Buffalo Valley Com.	Well No. 2	Pool Name, including Formation Buffalo Valley Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM-048768
Location Unit Letter <u>H</u> : <u>990</u> Feet From The <u>East</u> Line and <u>1650</u> Feet From The <u>North</u> Line of Section <u>35</u> Township <u>14-S</u> Range <u>27-E</u> , NMPM, Chaves County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 35	Twp. 14-S	Rge. 27-E	Is gas actually connected? Yes	When 9/16/69

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

III. COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Past ID-3
			12-13-84
			Chg Op NMPM

IV. 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 top allowable for this depth or be for full 24 hours)

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

GAS WELL

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

V. 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.



Dot Thomas

District Clerk

(Title)

December 6, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 23 1985, 19
Original Signed By
BY DAVID L. HARRIS
TITLE Supervisor District II

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 change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.