P.O. Box 1980, Hobbs, NM 88240

State of New Mexic Energy, Minerais and Natural Resou. Department

ENVED

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Ariessa, NM 88210	0	P.O. I	Box 2088	• .		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87		anta Fe, New N	Mexico 87504-2088	had 19 '90	j	
<u>I.</u>	REQUEST F	OR ALLOWA ANSPORT O	ABLE AND AUTHOR	RIZATION GAS - D.		
Operator BHP Petr	oleum Compar			^30-005- 62		
Address	Felipe Ste		ouston TX 77	7057-3005		
Reason(s) for Filing (Check proper be			Other (Please ex			
New Well Recompletion	Change is Oil	Transporter of:		pain,		
Change in Operator	=	Dry Gas	(
If change of operator give name and address of previous operator						
II. DESCRIPTION OF WE	LL AND LEASE					
Ervin Ranch	State Com No	Pool Name, included 1 COII	anche Spring	Kind of Lease State Kally Kok Free	Lease No.	
Location		Pre-Per	mian		V-1229	
Unit Letter G			South Line and 165	Feet From The	East Line	
	nship 11-S	Range 27E		Chaves	County	
III. DESIGNATION OF TR	ANSPORTER OF O	IL AND NATU	JRAL GAS			
Koch Oil		X	Address (Give address to	which approved copy of this form	i is so be serii)	
Name of Authorized Transporter of C.	asinghead Gas	or Dry Gas 👿	Address (Give address to	ichita KA 6720 which approved copy of this form	1	
Transwes If well produces oil or liquids,	1	· 	BOX 1188	_Houston TX /	7001	
give location of tanks.	i G i 5	11 27	yes	When ² /14/90		
If this production is commingled with t IV. COMPLETION DATA	hat from any other lease or	pool, give comming	ling order number:	2/14/30		
	Oil Well	Gas Well	Many Wall City			
Designate Type of Completi	on - (X) Date Compt. Ready to	X	New Well Workover	Doepen Plug Back Sar	me Res'v Diff Res'v	
10/21/88	12/5/88		Total Depth 6564	P.B.T.D 6510		
Elevations (DF, RKB, RT, GR, etc.) 3697.4 GR	A GR Name of Producing Formation Ordovician		Top Oil/Gas Pay 6048		Tubing 9000	
Perforations 6048-60*,6068-	-86' -6095-61	00 6104-	111 6114 261	, 6164-72 Depth Casing St	109 5 6 7 1	
	TUBING,	CASING AND	CEMENTING RECOR	, 0104+72	6564.	
HOLE SIZE	CASING & TU	BING SIZE	DEPTH SET		KS CEMENT	
7 7/911	8 5/8"		1141	600 sx	(circ)	
	<u> </u>		6564'	_	ge 660 sx'	
V. TEST DATA AND REQU	FST FOR AT / 8WA	DLE	5906'	2nd stage	275 sx	
OIL WELL (Test must be after			be equal to or exceed top ail	owable for this depth or be for fi		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, p.	owable for this depth or be for fi ump, gas lift, etc.)	il 24 hours.)	
Length of Test	Tubing Pressure		Casing Pressure			
			Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas- MCF		
GAS WELL	<u>.</u>		 			
Actual Prod. Test - MCF/D	Length or Test		Bbis. Condensate/MMCF	C		
1970	24	·	8	Gravity of Conde	5	
Sack Trisano	Tubing Pressure (Shlu-1	<u>, </u>	Casing Pressure (Shut-in)	Choke Size		
	CATE OF COMPI	TANCE		20/6	4	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation			OIL CON	ISERVATION DIV	VISICINI	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				MAD 9 1		
1/2 . 1			Date Approve	d LIVII & T		
Lilva LONES			By ORIGINAL SIGNED BY			
Nina Jones			MIKE WILLIAMS			
Printed Name Title March 15, 1990 (713) 780-5000			Title SUPERVISOR, DISTRICT II			
Date 13, 199	V - V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	=5000 none 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) 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.