

C/SF
GT
Op

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

JUL 12 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ON C. C. D.
ESTES, OFFICE

TO TRANSPORT OIL AND NATURAL GAS	
Operator	Well API No.
BHP Petroleum Company, Inc.	30-005-62674
Address	
5847 San Felipe; Suite 3600, Houston, Texas 77057-3005	

Reason(s) for Filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Recommendation

Oil

☐ Dry Gas

Change in Operator

Casinghead Gas

Condensation

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

II. DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Private	Lease No.
Conoco 8 Federal	1	Comanche Spring	Private	NM02146
Location				
Unit Letter	A	330	Feet From The FNL Line and 990	Feet From The FEL Line
Section	8	Township	11-S	Range 27-E, NMPL, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>										Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>										Address (Give address to which approved copy of this form is to be sent)	
BHP Petroleum (Americas) Inc.										5847 San Felipe Ste. 3600 Houston TX	
If well produces oil or liquids, give location of tanks.			Unit	Sec.	Twp.	Rge.	Is gas actually connected? yes	When? 2/14/90	77057-3005		

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

IV. COMPLETION DATA

IV. 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, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

OIL WELL (Test must be after recovery of losses caused by losses due to well shut-in or other cause)			
Date First New Oil Run To Tank	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VL OPERATOR 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.

Scott Sand

Signature _____
Scott Sanders Drilling/Ops. Engr.

Printed Name _____ Title _____
 Date July 2, 1990 _____ Telephone No. (713) 780-5000

OIL CONSERVATION DIVISION

Date Approved AUG 31 1990

By ORIGINAL SIGNED BY

By MIKE WILLIAMS
Title SUPERVISOR, DISTRICT 11

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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 with Rule 111.
 - 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.