

OIL CONSERVATION DIVISION

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

RECEIVED

JUL 22 1991

O. C. D.
ARTESIA, OFFICE

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator BHP PETROLEUM (AMERICAS) INC. Well API No. _____

Address 5847 SAN FELIPE, SUITE 3600, HOUSTON, TEXAS 77057

Reason(s) for Filing (Check proper box) ☐ Other (Please explain) _____

New Well ☐ Change in Transporter of: ☐ Dry Gas ☐ INTRACOMPANY NAME CHANGE ONLY

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☒

If change of operator give name and address of previous operator BHP PETROLEUM COMPANY INC., 5847 SAN FELIPE, SUITE 3600, HOUSTON, TX 77057

II. DESCRIPTION OF WELL AND LEASE

Lease Name CONOCO "8" FEDERAL Well No. 1 Pool Name, Including Formation COMANCHE SPRING - PRE-PERMIAN Kind of Lease State, Federal or Free Lease No. NM02146

Location Unit Letter A : 330 Feet From The N Line and 990 Feet From The E Line

Section 8 Township 11S Range 27E , NMPM, CHAVES County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent) THE PERMIAN CORPORATION P.O. BOX 1183 HOUSTON, TX 77001

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) TRANSWESTERN PIPELINE COMPANY BOX 1188, HOUSTON, TEXAS 77001

If well produces oil or liquids, give location of tanks. Unit A Sec. 8 Twp. 11S Rge. 27E Is gas actually connected? YES When? 02-14-90

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

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								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>posted ID-3 7-26-91</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>Chg of</u>

GAS WELL

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

VI. 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.

Signature Scott Sanders
Printed Name SCOTT SANDERS Title DRILLING/OPERATIONS ENG.
Date JULY 12, 1991 Telephone No. 713-780-5375

OIL CONSERVATION DIVISION

Date Approved JUL 23 1991
By MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.