

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

45F
67
10
RECEIVED
AUG 19 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BHP Petroleum (Americas) Inc.	Well API No. 30-005-62813
Address 5847 San Felipe Suite 3600 Houston, TX 77057	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name PUFFER State	Well No. 1	Pool Name, including Formation Wildcat Montoya	Kind of Lease State, Federal or Fee XXXXXXX	Lease No. V-2824
Location Unit Letter D : 660 Feet From The North Line and 990 Feet From The West Line Section 24 Township 8S Range 27E , NMPM, Chaves County				

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)					
Enron Gas Marketing Company	Box 1188 Houston TX 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					yes	7/15/91

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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-15-91	Date Compl. Ready to Prod. 3-5-91		Total Depth 6810'		P.B.T.D. 6600'			
Elevations (DF, RKB, RT, GR, etc.) 3940.3 GR	Name of Producing Formation Montoya		Top Oil/Gas Pay 6371' / 6452'		Tubing Depth 6260'			
Perforations 6371-77', 6386-88', 6392-6402', 6408-16', 6423-32', 6440-52'					Depth Casing Shoe 6809'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	24# 8-3/8"		1600'		1000 SX			
7-7/8"	15.5# 5-1/2"		6809'		400 SX C			
	2-7/8" tbq		6260					

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 7910 MCF/D	Length of Test 4 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Shut-in) various	Casing Pressure (Shut-in) pkp	Choke Size various

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 Sam Brandon
Printed Name **Sam Brandon** Title **Sr. Petroleum Engr.**
Date **8/13/91** Telephone No. **(713) 780-5302**

OIL CONSERVATION DIVISION

Date Approved **AUG 26 1991**

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

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.