

OIL CONSERVATION DIVISION

APR - 6 1992

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

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

O. C. D.
-DISTRICT OFFICE-

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. 30-005-62813

Address 5847 San Felipe, Ste. 3600 Houston, TX 77057

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☒

Other (Please explain)

Well completed as dry gas well,
recently started making 30 bbls.
condensate per day.

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Western Oil Transportation Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>3514 Lovington Hwy. Hobbs, NM 88240</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Enron Gas Marketing</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1188 Houston, TX 77251-1188</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>24</u>	Twp. <u>8S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>yes</u>	When? <u>7/15/91</u>

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

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D <u>4.3 MMCF/D</u>	Length of Test <u>24</u>	Bbls. Condensate/MMCF <u>30</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (Shut-in) <u>1800 psi.</u>	Casing Pressure (Shut-in) <u>0</u>	Choke Size <u>variable</u>

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.

Carl Kolbe
Signature
Printed Name
Date 4/3/92
Telephone No. (713) 780-5301
Title Regulatory Affairs Coordinator

OIL CONSERVATION DIVISION

Date Approved APR 8 1992

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.