

ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED

DISTRIBUTION

SANTA FE

FILE

U.S.D.O.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

Operator

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Revised 10-1-78

Operator

BHP Petroleum (Americas), Inc.

Address

P.O. Drawer 2437, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Operating Name change only

If change of ownership give name and address of previous owner

Energy Reserves Group, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Amoco State

Well No.

1

Pool Name, including formation

Buckeye Abo

Kind of Lease

State, Federal or Fee

State

Lease No.

L905

Location

Unit Letter

D

Feet From The

660

North

Line and

660

Feet From The

West

Line of Section

10

Township

18-S

Range

35-E

NMPM

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

☒ or Condensate

☐

Texas-New Mexico Pipeline Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 2528, Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas

☒ or Dry Gas

☐

Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)

4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.

Unit

M

Sec.

3

Twp.

18-S

Rge.

35-E

Is gas actually connected?

Yes

When

7-11-79

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 Tanks

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 (spot, back pr.)

Tubing Pressure (shot-in)

Casing Pressure (shot-in)

Choke Size

VI. 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.

Dot Thomas

Dot Thomas

District Clerk

December 6, 1985

OIL CONSERVATION DIVISION

DEC 10 1985

APPROVED

BY

Eddie W. Sam

TITLE

Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiple completed wells.