

DISTRIBUTION			
SANTA FE		/	
FILE		/	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	/	
OPERATOR		/	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

AUG 31 1978

Operator Black River Corporation ✓		O. C. C. ARTESIA, OFFICE	
Address 620 Commercial Bank Tower Midland, Texas 79701			
Reason(s) for filing (Check proper box)		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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Miller Com	Well No. 1	Pool Name, including Formation Miller S. Carlsbad Morrow	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>C</u> ; <u>760</u> Feet From The <u>North</u> Line and <u>2080</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>23 S</u> Range <u>27 E</u> , NMPM, <u>Eddy</u> County				

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)	
El Paso Natural Gas Company	P.O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	Yes	8-30-78

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5-22-78	Date Compl. Ready to Prod. 8-28-78	Total Depth 12,350	P.B.T.D. 12,349					
Elevations (DF, RKB, RT, GR, etc.) 3101.7 Ground Level	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,923	Tubing Depth 12,285					
Perforations 11,923' to 11,928', 11,938' to 11,946', 11,956' to 11,966' per ft.)		(2 Shots) Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	349'	400 SX					
12 1/4"	10 3/4"	5635'	1550 sx & 300 sx neat					
9 1/2"	7 5/8" liner	5410' to 11,497'	770					
6 1/2"	5" liner	11,367' to 12,349'	150					

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 2900	Length of Test 10 hours	Bbls. Condensate/MMCF none	Gravity of Condensate
Testing Method (pitot, back pr.) flowing	Tubing Pressure (shut-in) 3800	Casing Pressure (shut-in)	Choke Size 3/4"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ponnie Bowders
(Signature)
Vice President
(Title)
8-30-78
(Date)

OIL CONSERVATION COMMISSION
SEP - 5 1978

APPROVED _____, 19____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 filed for each pool in multiply completed wells.