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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN-1 1987

OIL CON. DIV.  
DIST. 3

I. Operator  
BLACK OIL, INC.

Address  
P.O. BOX 537, FARMINGTON, NM 87401

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
Pool change  
From W. 10524  
R-8417

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NMALCO-GURLEY	Well No. 1	Pool Name, including Formation NOSE-ROCK HOSPAH	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East Line of Section 9 Township 20N Range 12W , NMPM, McKinley County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION Permian (Eff 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1320, FARMINGTON, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit P Sec. 9 Twp. 20N Rge. 12W
Is gas actually connected?	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded April 25, 1986	Date Compl. Ready to Prod. May 15, 1986	Total Depth 2265'	P.B.T.D. 2247'					
Elevations (DF, RKB, RT, GR, etc.) 6140 GR	Name of Producing Formation Hospah	Top Oil/Gas Pay 2180'	Tubing Depth 2195'					
Perforations 4 holes per foot 2180' - 2186' (25 holes)			Depth Casing Shoe 2259'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-5/8"	7"		265'		To Surface			
6-1/4"	4-1/2" J-55		2259'		175 sx to Surface			

VI. 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)

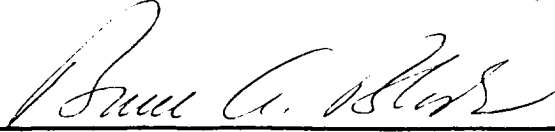
Date First New Oil Run To Tanks May 12, 1986	Date of Test May 12, 1986	Producing Method (Flow, pump, gas lift, etc.) will pump + 80 Presently flowing 15 bbls OPD bbls oil PD	
Length of Test 12 hrs swab test	Tubing Pressure unk	Casing Pressure unk	Choke Size 1"
Actual Prod. During Test 46 bbls oil	Oil-Bbls. 24 hr. calc 80 bbls/day	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

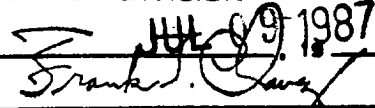
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

  
President, Black Oil, Inc.  
May 15, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED  JUN 9 1987

BY \_\_\_\_\_ SUPERVISOR DISTRICT

TITLE \_\_\_\_\_

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 all wells 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 multi-