

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104

Revised 10-1-78

TO BE FILLED BY	
DISTRIBUTION FOR	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUN 24 1987

CON. DIV.

Operator Black Oil, Inc.	
Address P.O. Box 537, Farmington, New Mexico 87499	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Salazar Navajocito	Well No. 1	Pool Name, including Formation Nose Rock-Hospah Ext.	Kind of Lease State, Federal or Fee	Lease No. G8612-1101
Location Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>20N</u> Range <u>12 W</u> , 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"/> The Permian Corporation Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) 2502 West Main, Farmington, New Mexico 87401					
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 M	Sec. 10	Twp. 20N	Rge. 12W	Is gas actually connected? No	When no gas

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 June 1, 1987	Date Compl. Ready to Prod. June 12, 1987	Total Depth 2287'		P.B.T.D. 2253'					
Elevations (D/H, RT, GR, etc.) 6137 GR.	Name of Producing Formation Hospah	Top Oil/Gas Pay 2184'		Tubing Depth 2200'					
Perforations 2184' - 2194'		Depth Casing Shoe 2286'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
12 1/4"	8-5/8" J-55 24 #	200'	110 sks, Class B neat, 1.18 cu. ft. sk, 118 cu. ft. to sur						
6-1/4"	4-1/2" J-55 10.5#	2286'	450 sks, 65/35, 1.83 cu. ft. sk, 823 c. ft. + 100 sks, Cl. B neat, 1.18 cu. ft. sk, 118 cu. ft. to sur						

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 June 12, 1987	Date of Test June 13, 1987	Producing Method (Flow, pump, gas lift, etc.) Swab test	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size None
Actual Prod. During Test 140	Oil - Bbls. 140	Water - Bbls. None	Gas - MCF None

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

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.

L. Mike Maloney
(Signature)
Field Supervisor
(Title)
June 22, 1987
(Date)

OIL CONSERVATION DIVISION

JUL - 7 1987

APPROVED _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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 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.