

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

BLACK OIL, INC.

Address

P.O. BOX 537, FARMINGTON, NM 87499

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)

Test well with pump 2' x 1½" x 8' RWAC

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State Margie	1	Nose Rock Hospah Ext.	State, Federal or Fee STATE	LG-9425
Location				
Post Office	B	990	Feet From The North Line and 1650	Feet From The East
Line of Section	16	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"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	2502 W. Main, Farmington, NM 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)	
None		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 16
	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7/3/87	7/21/87		2262'		2225'			
Elevations (Dk 6142'	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
	Hospah		2190		2207			
Perforations			Depth Casing Shoe		2260'			
2190 - 2198 .038 holes, 2-JSPF								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12½	8-5/8" 20# J-55	100'	60 sks. B Neat 71 cu. ft.
7-7/8"	5-1/2" 15.5#	2262'	415 sks. B Neat & 65/35
			694 cu. ft.

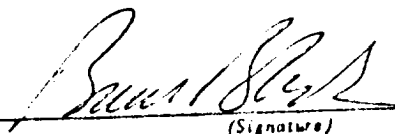
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date of Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7/24/87	12-9-87 w/pump	2" x 1½" x 8' RWAC	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	20	45 water	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	42	126	

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.

President, Black Oil, Inc.

December 10, 1987

OIL CONSERVATION DIVISION

APPROVED

DEC 30 1987

BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #2

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 allow-
able 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.