DISTRICEN P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Bianos Rd., Anec, NM 87410

Santa Fe, New Mexico 87504-2088

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Olerator		10 TF	IAN	SPORT	OIL AND N	IATURAL (
BLEDSOE PETRO CORPORATION							Well	i Xi'i No.			
Address						······································					
5850 Bank One Center,	1717 M	ain St	ree	t, Dall	as, TX	75201			•		
Reason(s) for Filing (Check proper box)						Other (l'lease ex	plain)				
Recompletion [7]	Change in Transporter of: Oil Try Gas []										
Change in Operator Casinghead Gas Condensate											
			=		<u> </u>						
and address of bisasions obsistor [F.]	P. MOOLE	s, Tuc	.,	2922 Hw	y 74 -St	e 309, Ev	ergreen	, Co. 80	139		
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Federal I			. Po	ol Name, Inc	luding Formatio	a	Kind	of Lease		Lesse No.	
	1 Blanco Mes				saverde	averde State			Gedera or Fee SF0 78476		
Location N	790								102 070478		
Unit Letter	L	S Line and 1450 Fo			W	Line					
Section 15 Township	ip 27N		Rai						_	LINE	
						NMPM,		Sar	ı Juan	County	
III. DESIGNATION OF TRAN	<u>isporte</u>	R OF O	IL/	TAN UNI	URAL GAS	\$				•	
Address (Give address to which approved copy of this form is to be sent)											
Giant Refinery	a al Andreit Andreit					P. O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or limide				Rge. 18 gas actually connected?			El Paso, TX 79978				
rive location of tanks.	i i		ĺ	i		·	When	17			
If this production is commingled with that	from any other	er lease or	pool,	give conuni	ıgling order nuı	uber:	l				
IV. COMPLETION DATA					0						
Designate Type of Completion	(V)	Oil Well		Gas Well	New Well	Workover	Deepen	I'lug Dack	Same Res'y	Jill Res'v	
Date Spadded		.l <u></u> .	إلي		_	<u>j</u>	Ĺ)	
Date Syndded Date Compt. Ready to Prind.					Total Depth	том церт			P.B.T.D.		
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation					Top Vil/Cii	Par					
, , , , , , , , , , , , , , , , , , ,					1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	, , , , , , ,			Tubing Depth		
Perfer alians						J			Depth Casing Shoe		
									, 01100		
	TUINING, CASING AND				CEMENT	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				-	DEPTH SET			SACKS CEMENT		
1				· ····································				·			
V. TEST DATATAND REQUES	T FOR A	LLOW	\BL	E							
) WELL (Test must be after re	covery of told	al volume	of los	d oil and mu	si be equal to o	r exceed top allo	owable for this	Lelepih or be fo	x full 24 how	ra.l	
Date First New Oil Run To Tank Date of Test					Producing M	Producing Method (Plan, pump, gas lyt, etc.)					
ength of Test Tubing Pressure											
twoing tressure				Casing These		1992	Choke Size				
Actual Fred. During Test Oil - Bbls.				······	Water - Dbig.			F. C. Uai- MCP			
					g***	m CCO		Communication of the communica			
GAS WELL:					ئىپەنىسىداد		, S.	l			
Veival Frod, Test : KICF/U	Length of Te	ist			Bble. Conder	Bie/MMCF-	·	Ciavity of Co			
								Clavity of Concentrate			
esting Medical (pitot, back pr.) Tubing Pressure (Shut-in)				Casing l'resp	Casing Pressure (Shut-in)			Clicke Size			
Il carrier a trion constitution					_ ,						
1. OPERATOR CERTIFICA	VIE OF (COMP	LI۸	NCE		211 001					
I hereby certify that the rules and regulations of the Oil Conservation [Nivision have been complied with and that the information given above					(OIL CONSERVATION DIVISION					
is true and complete to fine best of my knowledge and belief.											
JUNE AND THE STREET OF THE STR					Date Approved MAR 2 7 1992						
11 Mus					1						
Signalure Mi challe Couter					By_	By					
Michelle Cortez Production Clerk Funded Name					SUPERVISOR DISTRICT #3						
2-25-92 214-742-5800					Title						
Date		Telep	lione	Nυ.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes 4) Separata Form C 101 mars 1 . Ct 4 c