Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICE II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

US RCT III IUU Rio Umas Rd., Amec, NM 87410

I.					BLE AND AUTHORIZ						
Operator	PORT OI	AND NATURAL GAS									
BLEDSOE PETRO CORPORAT			Well	**************************************							
Address 5850 Bank One Center, 1717 Main Street, Dallas, TX 75201											
Reason(s) for Filing (Check proper box) Other (Please explain)											
New Well Change in Transporter of:											
Reconspletion Oil Dry Gan											
Change in Operator X Casinghead Gas Condensate											
II. DESCRIPTION OF WELL Lease Name	AND LE		-,								
Federal J	Well No. Pool Name, Includi 2				ing Formation	Lease No.					
	Otero Chac			ero Chac	ra State A		Federal or Fee	SF078476			
Location P	3	1110			S . 99	.0					
Unit Letter	nit Letter : Feet From The					990 Feet From TheLine					
Section 11 Township 27N Range 8W				, NMPM,		San Juan County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil	(X)	or Conde		<u> </u>	Address (Give address to whi	ich anneaved	conv of this for	- ie to be se			
Giant Refinery	Address (Give address to which approved copy of this form is to P. O. Box 256, Farmington, NM 87499								~",		
	me of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sens)					
El Paso Natural Gas					P. O. Box 1492, El Paso, TX 79978						
If well produces oil or liquids,	Sec.	lwp	Rge.	le gas actually connected?	7						
	<u> </u>].		l			i		·			
f this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA											
Designate Transaction at a		Oil Well		Gas Well	New Well Workover	Deepen	Mug Dack S	nne Res'v	Diff Res'v		
Designate Type of Completion	· (X)				i i i	•					
Date Syndded Date Compl. Ready to Prud.					Total Depth		P.B.T.D.				
Elevations (I)F, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing							
				Tubing Depth							
Perfer allums					41.		Depth Casing	Shue			
THUNG CACING AND											
HOLE SIZE	TUBING, CASING AND										
TIOLE SIZE	E SIZE CASING & TUBING SIZE			SIZE	DEPTH SET	SA	SACKS CEMENT				
					- 100						
					The state of the s						
	1000				<u> </u>	3					
V. TEST DATA AND REQUES	TFORA	LLOW	ĀBĒ	1			·				
					be edital to or exceed too allow	wable for this	droth or he for	full 24 hour	• 1		
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lyff etc.)						
				1.3			ो है अंक है				
ength of Test Tubing Pressure					Casing Pressure	1.	Choke Size				
Actual Frod. During Test							FEB2 7 1932				
ctual Frod. During Test Oil - Ibbs.					Water - Bbls.		M CON. DIVS				
GAS WELL								7. 3			
Actual Frod. Test - MCF/U	Length of To				BG: 22 12224 1228						
	conguitor in	c st			Bbis. Condensate/MMCF		Gravity of Con	densate	- 4 m Red 100		
esting Method (pitot, back pr.)	Tubing Pres	evie (Shut	in)		Casing Pressure (Shut in)		Clioke Size				
		·	·		(Cions applica	at at a	'		
A. OPERATOR CERTIFICA	VIE OF	COMP	1.14	NCE					J		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Data Approved						
mn.t.					Date ApprovedMAR 2 7 1992						
110002					l						
Signature Michaelle Contact					By						
Michelle Cortez Production Clerk					A						
2-25-92 214-742-5800				Tille	SUPERV	ISOR DIST	RICT #	3			
Date			phone	No.				<u></u>			
					11						

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 with Rule 111.
- 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) Separate Ferry C-104 m/st be filed for each rotal in multiple.