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| | DISTRIBUTION | | | | |
| | SANTA FE | | 1 | | _ |
| | PILE | | 17 | | |
| | U.S.G.S. | | 1 | | |
| | LAND OFFICE | | | | |
| 1. | IRANSPORTER | OIL | 1 | 4 | • |
| | | GAS | 1 | | |
| | OPERATOR | | / | | |
| | PRORATION OFFICE | | | | |
| - 1 | Cinerator | | | | |

II.

II.

| SANTA FE / / FILE / U.S.G.S. | REQUES | L CONSERVATION COMMISSION ST FOR ALLOWABLE AND RANSPORT OIL AND NATUL | Supersedes Old C-104 and C-1 Effective 1-1-65 | | |
|--|---|--|---|--|--|
| IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE Operator | | | | | |
| J. Gregory Merrion | Robert L. Bayless | | | | |
| P.O. Box 507, Farmin | ngton, NM 87401 | | | | |
| Reason(s) for filing (Check proper New Well X | | Other (Please explain | 1) | | |
| Recompletion | Change in Transporter of: Oil Dry | Gas | · | | |
| Change in Ownership | Caninghead Gas Cone | densate | | | |
| If change of ownership give name | | | | | |
| DESCRIPTION OF WELL AN | D LEASE | | | | |
| Lease Name Blackrock D | Well No. Pool Name, Including BlE Basin Dakota | 1 | Legge No. | | |
| Location | Basili bakota | State, I | oderal or Fee Federal SF-078899 | | |
| Unit Letter N; | 790 Feet From The South L | ine and 1650 Feet | From The West | | |
| Line of Section 20 | Fownship 26N Range | 11W , NMPM, | San Juan County | | |
| | RTER OF OIL AND NATURAL G | | | | |
| Name of Authorized Transporter of the Permian Oil Corp. | | P.O. Box 1702, Farmi | approved copy of this form is to be sent) | | |
| Name of Authorized Transporter of (| | | approved copy of this form is to be sent) | | |
| El Paso Natural Gas | | P.O. Box 990, Farmi | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. P.ge. N 20 26N 11W | Is gas actually connected? | Approx. Feb. 15, 1980 | | |
| f this production is commingled to COMPLETION DATA | with that from any other lease or pool | , give commingling order number | | | |
| Designate Type of Complete | ion - (X) Gas Well X | New Well Workover Deepe | Plug Back Same Res'v. Diff. Res'v. | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| 10-18-79 | 01-18-80 | 6130 ft. | 6099 ft. | | |
| Elevations (DF, RKB, RT, GR, etc.) 6155 ft. GL | Name of Froducing Formation Dakota | Top Oil/Gas Pay 5912 ft. | Tubing Depth 5996 ft. KB | | |
| Perforations 5912, 5917, 5922, 592 | 27, 5932, 5937, 5942, 594 | 7-50 - 5950-53 | Depth Casing Shoe | | |
| | | D CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| 12-1/4" 7-7/8" | 8-5/8" 4-1/2" | 200 ft. | 215 | | |
| 7-770 | 4-1/2 | 6130 ft. | 1015 | | |
| TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be a | after recovery of total volume of load | d oil and must be equal to or exceed top allow- | | |
| OIL WELL Date First New Oil Run To Tanks | able for this d | epth or be for full 24 hours) Producing Method (Flow, pump, g | | | |
| | | | | | |
| _ength of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | AFFAIL) | | |
| | | | / MLUZI I I I I I I I I I I I I I I I I I I | | |
| AS WELL | | | JAN 2 9 1980 | | |
| Actual Prod. Teet-MCF/D | Length of Test 1 Hr. | Bbls. Condennate/MMCF | GIL CON -3- | | |
| esting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Chokus | | |
| Back Pressure | 350 PSIG | 850 PSIG | 1-1/4 | | |
| ERTIFICATE OF COMPLIAN | CE | OIL CONSERVATION COMMISSION FEB 4 1980 | | | |
| | regulations of the Oil Conservation with and that the information given | APPROVED | ED 4 1900 19 | | |
| | e best of my knowledge and belief. | BY Original Signed by FRANK T. CHAVEZ | | | |
| | 10 | TITLE SUPERVISOR DISTRICT # 3 | | | |
| A | T. 1). | This form is to be filed in compliance with RULE 1104. | | | |
| Sign | atwe) | well, this form must be acco- | llowable for a newly drilled or deepened mpanied by a tabulation of the deviation | | |
| | | I tests taken on the well in a | ccoraince with AULE 111. | | |

Engineer (Title) 01-28-80 (Date)

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,