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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **BLACKROCK OIL COMPANY**
Address **1000 V & J Tower, Midland, Texas 79701**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Release expires **2/22/71**) **GAS MUST NOT BE**
EXCEPTED TO RATE
AS OBTAINED.

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT WISH TO
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mobil Atlantic Federal	Well No. 3	Pool Name, Including Formation Allison Penn R-413	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter P ; 554 feet From The South Line and 766 Feet From The East Line of Section 3 , Township 9-S Range 36-E , NMPM, Lea 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"/> Mobil Pipeline Company - Trucks	Address (Give address to which approved copy of this form is to be sent) Box 633, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit 5 Sec. 3 Twp. 9-S Rge. 36-E	Is gas actually connected? No When 2 - 3 weeks

If this production is commingled with that from any other lease or pool, give commingling order number:

N/A

IV. COMPLETION DATA

Designat	Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv.	Diff. Res'tv.
Date Spudded 12-20-70	Date Compl. Ready to Prod. 2-22-71	Total Depth 9916'		P.B.T.D. 9866					
Pool Allison Penn	Name of Producing Formation Penn. (Bough C)	Top Oil/Gas Pay 9825'		Tubing Depth 9730'					
Perforations 9825 - 9845 (9 holes)				Depth Casing Shoe 9889'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15		12-3/4		400		400			
11		8-5/8		4150		375			
7-7/8		4-1/2		9889		375			
		2-3/8		9730					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of 'old 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 2-21-71	Date of Test 2-22-71	Producing Method (Flow, pump, 3cs lift, etc.) Flow	
Length of Test 24	Tubing Pressure 175#	Casing Pressure 550#	Choke Size 32/64
Actual Prod. during Test	C.I. - Bbls. 100	Water - Bbls. 20	Gas - MCF 135.6

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



O. D. Butler

President

(Title)

February 22, 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

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 Sections I, II, III, and VI only 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