

OIL CONSERVATION DIVISION

Form C-104  
Revised 10-1-78

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

OGRID # 2455  
Property ID 2111  
POD # 2836732

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
BLACK OIL, INC.	
Address P.O. Box 537, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ferrill- <del>H</del>	Well No. 1	Pool Name, including Formation Cash Field, Gurley Sand	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter H ; 2310 Feet From The North Line and 990 Feet From The East					
Line of Section 1 Township 13N Range 8E , NMPM, 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 202 Petroleum Plaza Bldg., 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)				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 1	Twp. 13N	Rge. 8E	Is gas actually connected? When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded Reentry 10/2/85 Oct. 30, 1984	Date Compl. Ready to Prod. Nov. 12, 1985	Total Depth 3696'		P.B.T.D. 2792'					
Elevations (D) RT, GR, etc.) 5884 GR	Name of Producing Formation Gurley Sand(Basal Niobrara)		Top Oil/Gas Pay 2740'		Tubing Depth 2770'				
Perforations 2 per foot 2740-2762'				Depth Casing Shoe 2852'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12"	9-5/8" 36#		364'		To surface				
8-5/8"	7" 23#		1820'		200 sks 50/50 pos to surf				
6-1/4"	4-1/2"		2852'		200 sks 50/50 pos				
	2-3/8" tubing		2770'		None				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

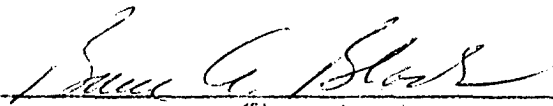
Date First New Oil Run To Tanks Nov. 12, 1985	Date of Test Nov. 12, 1985	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 12 hours	Tubing Pressure	Casing Pressure 350#s	Choke Size None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Calculated 30 bbls/day	15	3 bbls. (frac water)	TSTM

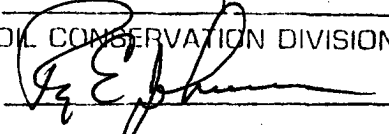
GAS WELL

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.

  
(Signature)  
President, Black Oil, Inc.  
(Title)  
November 12, 1985  
(Date)

OIL CONSERVATION DIVISION  
APPROVED  19 11/18/85  
BY  
DISTRICT SUPERVISOR  
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 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.