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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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

RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 21 1985
O. C. D.
ARTESIA, OFFICE

Operator BLUE SKY PRODUCTION ✓

Address PO Box 1772, Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner B & J Production Company, 512 W. Texas Ave., Artesia, NM 88210

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Malco State</u>	Well No., Pool Name, including Formation <u>1 Empire (Y-SR)</u>	Kind of Lease <u>State, Federal or Free</u>	Lease No. <u>B10021</u>
Location			
Unit Letter <u>G</u>	<u>2310</u> Feet From The <u>N</u> Line and <u>2310</u> Feet From The <u>E</u>		
Line of Section <u>31</u>	Township <u>17S</u>	Range <u>28E</u>	County <u>Eddy</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Navajo Refining Co. Pipeline Division Address Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address Artesia, NM 88210

If well produces oil or liquids, give location of tanks. Unit G Sec. 31 Twp. 17S Range 28E

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil - Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ID-3</u> <u>6-7-85</u> <u>Clg Op</u>

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.

[Signature]
(Signature)

[Title]
(Title)

5/1/85
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 04 1985, 19 _____

Original Signed By Les A. Clements

BY _____

TITLE Supervisor District II

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.