

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Bliss Energy Corporation	
Address P. O. Box 1817, Hobbs, N.M. 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Operator's Name Change

If change of ownership give name and address of previous owner Bliss Petroleum, Inc., P. O. Box 1817, Hobbs, N.M. 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name State AR	Well No. 2	Pool Name, including Formation Echols Devonian	Kind of Lease State, Federal or Fee State	Lease No. LG 1796
Location Unit Letter <u>L</u> : <u>990</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>South</u> Line of Section <u>2</u> Township <u>11S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)														
AMCO Production Company Trucks	P. O. Box 1183, Houston, Texas 77001														
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)														
<table border="1"> <tr> <td>If well produces oil or liquids, give location of tanks.</td> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rge.</td> <td>Is gas actually connected?</td> <td>When</td> </tr> <tr> <td></td> <td>L</td> <td>2</td> <td>11S</td> <td>37E</td> <td>No</td> <td></td> </tr> </table>		If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When		L	2	11S	37E	No	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When									
	L	2	11S	37E	No										

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Paul Bliss
(Signature)
President
June 4, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 2 1986, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Dist. Re.
Date xxxx well serv. unit on	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-31-85	8-2-85		11,698		11,455			
Elevations (DF, RKS, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
RKB	Devonian		11,292'		3910'			
Perforations						Depth Casing Shoe		
NA						11,686'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	13 3/8"		3421		400			
11"	8 5/8"		4239		2500			
7 3/4"	5 1/2"		4092-11,697'		625			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
8-24-85	9-30-85	Rod Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	-	0	Open-2" flowline
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
1 BO & 37 BW	1	37	TSTM

GAS WELL

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

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G.C.C.
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