

OIL CONSERVATION DIVISION

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

DEFINITION	
DATE OF FILING	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator  
**BLACK OIL, INC.**

Address  
P.O. Box 537, Farmington, NM 87499

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

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Ferrill-<del>H</del></b>	Well No. <b>1</b>	Pool Name, including Formation <b>Cash Field, Gurley Sand</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>H</b> ; <b>2310</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>East</b>				
Line of Section <b>1</b> Township <b>13N</b> Range <b>8E</b> , N44PM, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
**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  or Dry Gas   
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 <b>H</b>	Sec. <b>1</b>	Twp. <b>13N</b>	Rge. <b>8E</b>	Is gas actually connected?	When
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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	Some Restv.	Diff. Restv.
Date Spudded <b>10/2/85</b>	Date Compl. Ready to Prod. <b>Nov. 12, 1985</b>	Total Depth <b>3696'</b>	P.B.T.D. <b>2792'</b>					
Elevations (D) <b>5884 GR</b>	Name of Producing Formation <b>Gurley Sand(Basal Niobrara)</b>	Top Oil/Gas Pay <b>2740'</b>	Tubing Depth <b>2770'</b>			Depth Casing Shoe <b>2852'</b>		
Perforations <b>2 per foot 2740-2762'</b>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12"</b>	<b>9-5/8" 36#</b>	<b>364'</b>	<b>To surface</b>					
<b>8-5/8"</b>	<b>7" 23#</b>	<b>1820'</b>	<b>200 sks 50/50 pos to surf</b>					
<b>6-1/4"</b>	<b>4-1/2" tubing</b>	<b>2852'</b>	<b>200 sks 50/50 pos</b>					
		<b>2770'</b>	<b>None</b>					

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

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.

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

OIL CONSERVATION DIVISION  
APPROVED *[Signature]* 10/11/85  
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 change 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 multiple completed wells.

Before the OCC  
Case 14255  
OCD Exhibit 7