

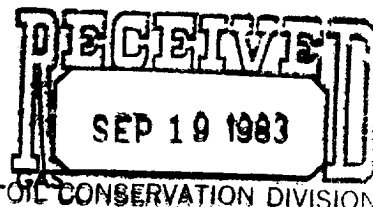
OIL CONSERVATION DIVISION

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

Form C-104  
Revised 10-1-78

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator **BLACK OIL, INC.** (same company - simple change of company name) **SANTA FE**

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change of Operator
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	(Changed name of company)
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner **Colorado Plateau Geological Services, Inc.**  
**P.O. Box 537, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Ferrill</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Wildcat</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <b>0</b> ; <b>330</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b>					
Line of Section <b>5</b> Township <b>13N</b> Range <b>9E</b> , NMPM, <b>Santa Fe</b> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
						<input checked="" type="checkbox"/>		
Date Spudded <b>3/29/82</b>	Date Compl. Ready to Prod. <b>4/2/82</b>		Total Depth <b>1610'</b>		P.B.T.D. <b>Plugged and abandoned</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5918 KB</b>	Name of Producing Formation <b>-</b>		Top Oil/Gas Pay <b>-</b>		Tubing Depth <b>-</b>			
Perforations <b>None</b>					Depth Casing Shoe <b>-</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>10"</b>	<b>8-5/8"</b>	<b>200'</b>	<b>To surface</b>
<b>6 1/4" cement plugs: 1100' to 1610' - 500' plug</b>			
<b>750' 59 1000' - 250' plug and 200' to surface.</b>			

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)

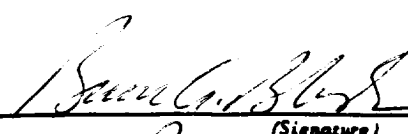
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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 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**  
(Title)  
**14 Sept 1983**  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

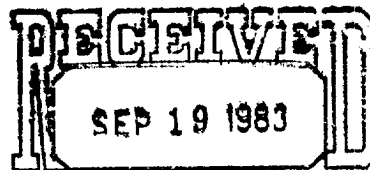
TITLE \_\_\_\_\_

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 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.

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CONSERVATION DIVISION  
SANTA FE

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

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Fee	Lease No.
Ferrill	2	Wildcat	State, Federal or Fee		
Location					
Unit Letter	0	330 Feet From The	South	Line and	1980 Feet From The
Line of Section	5	Township	13N	Range	9E, NMPM, Santa Fe County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When

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.
						X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3/29/82	4/2/82	1610'	Plugged and abandoned					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5918 KB	-	-	-					
Perforations	Depth Casing Shoe							
None	-							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8-5/8"	200'	To surface
6 1/4" cement plugs: 1100' to 1610' - 500' plug			
750' 59 1000' - 250' plug and 200' to surface.			

## 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 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  
(Title)  
14 Sept 1983  
(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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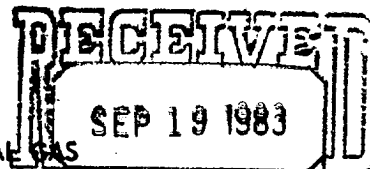
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Separate Forms C-104 must be filed for each pool in multiply completed wells.

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator BLACK OIL, INC. (same company - simple change of company name) SANTA FE

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Change of Operator  
(Changed name of company)If change of ownership give name and address of previous owner Colorado Plateau Geological Services, Inc.  
P.O. Box 537, Farmington, NM 87499

## DESCRIPTION OF WELL AND LEASE

Lease Name Ferrill	Well No. 2	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter 0 ; 330 Feet From The South Line and 1980 Feet From The East					
Line of Section 5 Township 13N Range 9E , NMPM, Santa Fe County					

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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.
						X		
Date Spudded 3/29/82	Date Compl. Ready to Prod. 4/2/82		Total Depth 1610'		P.B.T.D. Plugged and abandoned			
Elevations (DF, RKB, RT, GR, etc.) 5918 KB	Name of Producing Formation -		Top Oil/Gas Pay -		Tubing Depth -			
Perforations None					Depth Casing Shoe -			

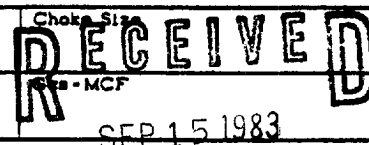
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HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8-5/8"	200'	To surface
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## TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OIL CON. DIV.  
DIST. 3

## 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

(Title)

14 Sept 1983

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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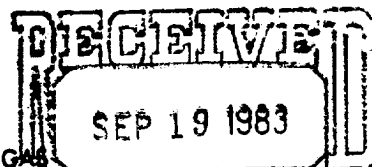
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



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TRANSPORTER	OIL
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OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION

Operator BLACK OIL, INC. (same company - simple change of company name) SANTA FE

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
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Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	(Changed name of company)	
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COMPLETION DATA

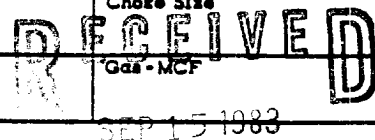
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Elevations (DF, RKB, RT, GR, etc.) 5918 KB	Name of Producing Formation -	Top Oil/Gas Pay -	Tubing Depth -					
Perforations None	Depth Casing Shoe -							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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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 (pitot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Samuel B. Blum*  
(Signature)

President  
(Title)

14/Sept 1983  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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