

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

MAR 7 1980

DISTRIBUTION	4
ALBUQUERQUE	1
EL PASO	1
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
PRORATION OFFICE	

I. Operator **BOYD OPERATING COMPANY** ☒ **O. C. D.**  
Address **ARTESIA, OFFICE**  
**P. O. Box 1756, Roswell, New Mexico 88201**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain) **Dual Completion**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE **R-6499 10-27-80**  
Lease Name **Blakemore Federal** Well No. **1** Pool Name, including Formation **Undesignated Abo** Kind of Lease **Federal** Lease No. **NM 26069**  
Location **Unit Letter D 660 Feet From The North Line and 660 Feet From The West**  
Line of Section **20** Township **9S** Range **26E**, NMPM, **Chaves** 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Transwestern Pipeline Company</b>	<b>Box 2521, Houston, Texas 77001</b>
If well produces oil or liquids, give location of tanks.	When <b>3-13-80</b> <b>Approx. 3/10/80</b>

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spudded <b>10/6/79</b>	Date Compl. Ready to Prod. <b>12/10/79</b>	Total Depth <b>5700</b>	P.B.T.D. <b>5525</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3743.6 GR 3757 KB</b>	Name of Producing Formation <b>Abo</b>	Top Oil/Gas Pay <b>4197</b>	Tubing Depth <b>5210</b>					
Perforations <b>4198-4210, 4272-76, 4323-33, 4340-44</b>	Depth Casing Shoe <b>5700</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>312' K.B.</b>	<b>300 sx. Circ.</b>					
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>1564 K.B.</b>	<b>975 sx. Circ.</b>					
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>5700 K.B.</b>	<b>625 sx.</b>					

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	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 <b>978</b>	Length of Test <b>4 hrs.</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>NA</b>
Testing Method (pitot, back pr.) <b>4- Point</b>	Tubing Pressure (Shut-in) <b>Wolfcamp</b>	Casing Pressure (Shut-in) <b>989</b>	Choke Size <b>Various</b>

VI. 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.

**BOYD OPERATING COMPANY**

**President**

**3/6/80**

(Title)

(Date)

OIL CONSERVATION COMMISSION

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

BY **W.A. Gressett**

TITLE **SUPERVISOR, INSPECTOR**

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.