Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RICT II	OIL CONSERVATION DIVISION	一一可以 (数) (数)
Drawer DD, Artesia, NM 88210	P.O. Box 2088	
RICT III	Santa Fe, New Mexico 87504-2088	
Rio Brazos Rd., Aztec. NM 87410		Acres 1 4 that Car W

Ι.						AUTHORIZ TURAL GA				
Operator		<u> </u>	NOF	ווט וחכ	- AND NA	TUHAL GA		API No.		
Bliss Petroleum Co	rporati	Lon 🗸								
	lobbs, N	M {	38241	-						
Reason(s) for Filing (Check proper box)		_		_	X Oth	er (Please expla	in)			
New Well Recompletion	Oil	Change in	Transpor			erator na			from	
Change in Operator	Casinghead	_	Conden	_	rr	om BEC Co	rporati	.on		i
If change of operator give name and address of previous operator	Corpora	tion	Ρ.	O. Box	1392	Midland	l, TX	79702		
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name Gulf Federal		Well No.		uble I	ng Formation - QU	(associat		of Lease Fed Federal or Fee		25480
Location C Unit LetterC	660)	Feet Fro	om The	orth Lin	e and	0Fe	et From The	West	Line
Section 26 Township	, 14S		Range	29E	, N	мрм,	C	haves		County
III. DESIGNATION OF TRANS	SPORTER	R OF OI	L ANI	D NATTI	RAL GAS					
Name of Authorized Transporter of Oil None		or Conden				ve address to wh	ich approved	copy of this for	m is to be se	nt)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Maple Gas Corporation		Gas 🔀	Address (Give address to which approved Star Rt. A Box 335			copy of this form is to be sent) HObbs, NM 88240				
If well produces oil or liquids, give location of tanks.	Unit :	s∞. 26	Twp. 14S	Rge. 29E	Is gas actuall	y connected?	When	? 1981		·
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	er lease or p		ــــــــــــــــــــــــــــــــــــــ						
Designate Type of Completion	- (X)	Oil Well	0	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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		Tubing Depth	ibing Depth				
Perforations				<u> </u>			Depth Casing Shoe			
	π	UBING,	CASIN	IG AND	CEMENTI	NG RECORI	D			
HOLE SIZE	CAS	ING & TU	BING S	IZE	DEPTH SET			SACKS CEMENT		
								1-1-91		
							who an			
						*** ***				
V. TEST DATA AND REQUES OIL WELL (Test must be after re				il and much	he equal to or	exceed ton allo	unble for this	denth or he fo	er full 24 hour	re ì
Date First New Oil Run To Tank	Date of Test		n iouu o	a and musi		ethod (Flow, pu			7 7411 24 71040	3.7
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL							······································	1		
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					
VI. OPERATOR 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.			OIL CONSERVATION DIVISION JAN 2 4 1991 Date Approved							
Signature Paul Bliss		Pres	iden	t	By_	11211	CA.	Alh	ar-	
Printed Name 12-01-90	(505) 3			Title		PERVISO	r. Distri	CT II	
Date		Telep	ohone No) .	H					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells