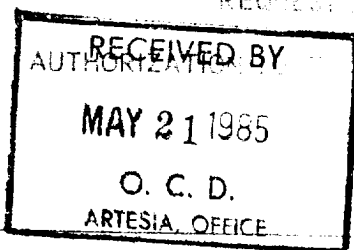


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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>



Form O-1
Superseded by
Form O-1a

BLUE SKY PRODUCTION ✓

Address
PO Box 1772, Hobbs, NM 88240

Reasons for filing (Check proper box)

New well ☐ Change in Transporter ☐
Recompletion ☐ Oil ☐
Change in Ownership ☒ Gushing Gas ☐

If change of ownership give name and address of previous owner: B & J Production Company, 512 W. Texas Ave., Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

State	E	Well No.	1	Pool Name	Empire (Y-SR)	Kind of Lease	State, Federal or Free
Location	E379						
Section	M	954	Feet From The	S	940	Feet From The	W
Line of Section	36	Township	17S	Range	27E	N.M.P.M.	Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Name of Authorized Transporter of Gushing Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>
Navajo Refining Co. Pipeline Division	Artesia, NM 88210
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. Range
M 36 17S 27E	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well <input type="checkbox"/> Gas well <input type="checkbox"/> Deepen <input type="checkbox"/>	Plug back <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	P.B.T.M.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tubing depth
Perforations		Depth Choke
TUBING, CASING, AND CEMENT RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

Post. ID-3
6-7-85
Chg. Op.

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of most volume of load oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

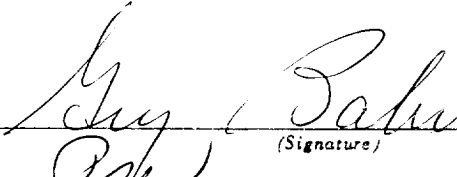
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Choke Size
Actual Prod. During Test	Oil-Bois.	Gas-MOF

GAS WELL

Actual Prod. Test-MOF/D	Length of Test	Producing Method/MOF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
5/1/85
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 04 1985
Original Signed By
Les A. Clements
Supervisor District II

This form is to be filed in compliance with RULE 111.
This is a request for allowable for a newly drilled well. This form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes in lease, well name or number, or transporter, or other such change of condition.