NO, OF COPIES RECEIVED		L.	
DISTRIBUTION SANTA FE	-1	ONSERVATION COME ON FOR ALLOWABLE AND	Form C -104 Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S.	AUTHREE EIVED BUTRA	NEPORT OIL AND NATURAL	GAS
TRANSPORTER OIL	MAY 2 1 1985		
PRORATION OFFICE	O. C. D.		
BLUE SKY PRODUC	TION		
Address <u>PO Box 1772, Ho</u>	bbs, NM 88240	Otherstein	
Reason(s) for filing (Check proper bo: New Wo!)	Change in Transporter of:	Other (<i>Fiease explain</i>)	
Recompletion Change in Ownership X	Off Dry Gas Casinghead Gas Conden	have a second seco	
If change of ownership give name and address of previous owner	<u>B & J Production Company</u>	z, 512 W. Texas Ave., A	rtesia, NM 88210
DESCRIPTION OF WELL AND	LEASE	ormation Kind of Leas	se Lease No.
Acrey	3Y Empire (Y-SR)	State Today	
Location Unit Letter <u>F</u> : _22	60Feet From TheNLine	e and <u>1650</u> Feet From	TheW
Line of Section 36 To	ownship 17S Range	27E , NMPM,	Eddy County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)
	Co. Pipeline Division	Artesia, NM 88210 Address (Give address to which appr.	
Name of Authorized Transporter of Ca	······································	1	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	Is gas actually connected? When	
COMPLETION DATA	Oil Well Gas Well	give commingling order number	CTB_60 Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi Date Spudded	ion - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)		Top Oll/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT Past ID-3
			6-7-85
OIL WELL	able for this de	fter recovery of total volume of load oi. pth or be for full 24 hours) Producing Method (Flow, pump, gas 1	l and must be equal to or exceed top allou
Date First New Oil Run To Tanks	Date of Test		Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bblø.	Water-Bbls.	Gasemor
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CENTIFICATE OF COMPLIAN	VCE		ATION COMMISSION 4 1985
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.		Original Signad By	
		BYLes A. Clements TITLE Supervisor District II	
J.	Kon In.	This form is to be filed in	compliance with RULE 1104.
(Signature)		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 allow- able on new and recompleted wells.	
Title)			
(Date)		well name or number, or transpo Separate Forms C-104 mu	II, III, and VI for changes of owner orter, or other such change of condition nat be filed for each pool in multiply
	. · · · · ·	Plant back to a	



Crisinal Signed By Let A. Clamans Supervised Olivier 1