

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
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Page 1

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OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

JAN 27 1987

O. C. D. REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Blue Sky Production Co.	
Address P. O. Box 1772 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Baber Well Servicing Co. P. O. Box 1772 Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Acrey State	Well No. 5	Pool Name, including Formation Empire Yates - Seven Rivers	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter F ; 1650 Feet From The North Line and 2310 Feet From The West				
Line of Section 36 Township 17 South Range 27 East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining	Address (Give address to which approved copy of this form is to be sent) Box 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) Post ID-3					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36	Twp. 17S	Rge. 27E	Is gas actually connected? NO	When 1-30-87

If this production is commingled with that from any other lease or pool, give commingling order number. No chg op

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Executive Vice President
(Title)
January 26, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 27 1987, 19
BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded 11-12-86	Date Compl. Ready to Prod. 11-18-86		Total Depth 560'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) GR 3617'	Name of Producing Formation Yates - Seven Rivers		Top Oil/Gas Pay 462'		Tubing Depth 525'				
Perforations						Depth Casing Shoe 560'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
1 7/8"	4 1/2"		560'						
	2"		525'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11-19-86	Date of Test 11-19-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size N.A.
Actual Prod. During Test 30 BBLs.	Oil - Bbls. 30 BBLs.	Water - Bbls. 0	Gas - MCF TSTM

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