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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

JUN 16 '88

Form C-104
Revised 10-01-78
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501 O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input checked="" type="checkbox"/>

I. Operator Blanco Engineering, Inc.

Address P.O. Box 348, Artesia, NM 88210

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cal Mon State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>High Lonesome Queen (Penrose)</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>LG4079</u>
Location				
Unit Letter <u>L</u> : <u>2260</u> Feet From The <u>South</u> Line and <u>512</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>16S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Not designated gas TSTM</u>	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-2</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>E</u> Sec. : <u>19</u> Twp. : <u>16S</u> Rge. : <u>29E</u>
Is gas actually connected?	When : <u>6-24-88</u> <u>comp & BK</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.

Paul White
(Signature)

President

(Title)

June 14, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 21 1988, 19_____
BY Original Signed By
Mike Williams
TITLE Oil & Gas 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 4-8-88	Date Compl. Ready to Prod. 6-10-88	Total Depth 1804				P.B.T.D. 1790			
Elevations (DF, RKB, RT, GR, etc.) 3632 GR	Name of Producing Formation Penrose	Top Oil/Gas Pay 1719				Tubing Depth 1734			
Perforations 1719-1733 15 - 1/2" shots						Depth Casing Shoe 1803			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2	10 3/4		171'		60 circulated				
9 7/8	7"		1803		200 sx Class C				
	2 3/8		1734		-				

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-11-88	Date of Test 6-13-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 25 psig	Casing Pressure 25 psig	Choke Size Open
Actual Prod. During Test 40.0	Oil-Bbls. 40.0	Water-Bbls. Trace	Gas-MCF TSTM

GAS WELL

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