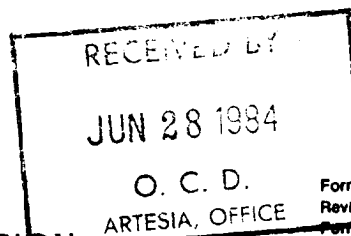


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



Form C-104
Revised 10-01-78
Permit 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Blanco Engineering, Inc. ✓		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9-23-84</u>	
Address 116 North First Street, Artesia, New Mexico 88210		UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED	
Reason(s) for filing (Check proper box)		Other (Please explain) <u>7-2-84-10-8-84</u>	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<u>Please grant a 60 BOPD, Test Allowable</u>	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<u>for the month of July. Ton perf 2894</u>	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<u>Bottom perf 3606</u>	
	<input type="checkbox"/> Dry Gas		
	<input type="checkbox"/> Condensate		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Williams	Well No. 8	Pool Name, including Formation Atoka Yeso	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>18S</u> Range <u>26E</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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Undesignated at this time.	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. (test tank)	Unit	Sec.
<u>F</u>	<u>25</u>	<u>18S</u>
		<u>26E</u>
Is gas actually connected?	When	
<u>No</u>	<u>Post 7-27-84</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)
Engineer
(Title)
June 27, 1984
(Date)

OIL CONSERVATION DIVISION

JUL 27 1984

APPROVED _____, 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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-15-84	Date Compl. Ready to Prod. 7-8-84		Total Depth 3750		P.B.T.D. 3720				
Elevations (DF, RKB, RT, GR, etc.) 3282' GR	Name of Producing Formation Glorietta-Yeso		Top Oil/Gas Pay 2894		Tubing Depth 3537				
Perforations 2894-3606					Depth Casing Shoe 3750				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13 3/8	48.0		396		450sx.circulated				
8 5/8	24.0		1205		750 - circ.				
5 1/2	15.5		3719		450sx.L.W.400sx.Poz-circ.				
	2 7/8		3537						

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 7-8-84	Date of Test 7-18-84	Producing Method (Flow, pump, gas lift, etc.) Pumping 2 1/2" X 2" X 16'	
Length of Test 24hr.	Tubing Pressure Pumping (25)	Casing Pressure 0	Choke Size Open
Actual Prod. During Test 243	Oil - Bbls. 76	Water - Bbls. 167	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