

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

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OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
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O. C. D.
ARTESIA, OFFICE

Operator Bledsoe Petro Corporation ✓
Address 3908 N PENIEL #320 BETHANY, OK 73008
4545 First City Center 1700 Pacific Avenue Dallas, TX 75201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> & operator

If change of ownership give name and address of previous owner BHP Petroleum Company, Inc. 6 Desta Drive Suite 3200 Midland, TX 79705

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rock Tank Unit</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Rock Tank (Lower Morrow)</u>	Kind of Lease State, Federal or Foreign <u>Federal</u>	Lease No. <u>91-008889</u>
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>23-S</u> Range <u>25-E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Scurlock Oil</u>	Address (Give address to which approved copy of this form is to be sent) <u>Houston Club Building, Houston, TX 77002</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Transwestern Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1188 Houston, TX 77001</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>6</u> Twp. <u>23-S</u> Rge. <u>25-E</u>	Is gas actually connected? <u>Yes</u> When <u>3/21/69</u>

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

COMPLETION DATA

Designate Type of Completion - (<input checked="" type="checkbox"/>)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Port ID-3</u>
			<u>8-6-88</u>
			<u>why up</u>

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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

(Signature)
7/30/87
Effective Date of June 1, 1987

OIL CONSERVATION DIVISION
AUG 1 1988
APPROVED _____, 19____
BY Original Signed By
Mike Williams
TITLE _____
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 Form C-104 must be filed for each pool in multiple completed wells.