

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

OCT 26 1978

SALE TAX	/	/
FILE	/	/
U.S.C.S.	/	/
LAND OFFICE	/	/
TRANSPORTER	/	/
OPERATOR	/	/
PRODUCTION OFFICE	/	/

Operator Black River Corporation		O. C. C. ARTESIA, OFFICE
Address 620 Commercial Bank Tower, Midland, Texas 79701		
Person(s) for whom this is requested (check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>		Other (Please explain)

If change of owner, give name and address of previous owner

II. WELL AND LEASE

Lease Name BRC - Madera	Well No. 1	Pool Name, including Formation S. Carlsbad Morrow	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter B 860 Feet From The North Line and 1980 Feet From The East Line of Section 29 Township 22 S Range 27 E, N.M.P.M., Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978	
If well produces oil, give location of tanks Unit B Sec. 29 Twp. 22 Rge. 27	Is gas actually connected? Yes	When 3-10-78

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

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						
Date Spudded 12-15-77	Date Compl. Ready to Prod. 3-7-78	Total Depth 11,842	P.B.T.D. 11,765					
Elevations (DF, RKB, NT, GR, etc.) 3138.8 Ground Level	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,697	Tubing Depth 11,708					
Perforations 11,697 - 11,706 (27 holes - 3 shots per foot, .32") (RKB)			Depth Casing Shoe 11,842					
TUBING, CASING, AND CEMENTING RECORD								
HOLES	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16" 65#	278	235 sx class C 50/50 Poz					
14 1/4"	10 3/4" 40.5#	2618	150 sx class real cement					
9 7/8"	7 5/8" 26.40 to 33.70#	11,311	1200 sx class C 50/50 Poz					
6 1/2"	5" 18# liner	11,056-11,842 --160 sx	200 sx class real cement					
			15 cubic yds. pozmix					
			780 sx class II cement					

V. 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 on 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 690	Oil - Bbls.	Water - Bbls.	Gas - MCF

Actual Prod. Test (MCF/D) 690	Length of Test 10 hours	Bbls. Condensate/MMCF 1	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1760	Casing Pressure (Shut-in)	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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.

Vice President

10-10-78

OIL CONSERVATION COMMISSION

OCT 27 1978

APPROVED

BY

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.