

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	/
PRORATION OFFICE	

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

Operator Black River Corporation ✓		RECEIVED OCT 11 1978 O. C. C. ARTESIA, OFFICE
Address 620 Commercial Bank Tower, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

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

DESCRIPTION OF WELL AND LEASE				
Lease Name Miller Com	Well No. 1	Pool Name, Including Formation Canyon	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C : 760 Feet From The North Line and 2080 Feet From The West Line of Section 10 Township 23S Range 27E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company		P. O. Box 1492, El Paso, Texas 79978		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 10	Twp. 23S	Rge. 27E
		Is gas actually connected? Yes		When 10-10-78

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dttf. Res'v.
			X		X		X		X
Date Spudded 5-22-78		Date Compl. Ready to Prod. 10-10-78		Total Depth 12,350		P.B.T.D. 11,160			
Elevations (DF, RKB, RT, GR, etc.) 3101.7 Ground level		Name of Producing Formation Canyon		Top Oil/Gas Pay 9896'		Tubing Depth 9545'			
Perforations 9896 - 9906, 9924 - 9932, 2 shots per foot						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		349'		400 sx			
12 1/4"		10 3/4"		5635'		1550 sx & 300 sx neat			
9 1/2"		7 5/8" liner		5410' to 11,497'		770			
6 1/2"		5" liner		11,367' to 12,349'		150			

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	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	

GAS WELL							
Actual Prod. Test-MCF/D 750		Length of Test 24 hours		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.) Flowing		Tubing Pressure (shut-in)		Casing Pressure (shut-in) Packed off		Choke Size	

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.	
Dorine Lowders (Signature) V.P. (Title) 10-10-78 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED OCT 18 1978, 19	
BY W. A. Gussitt	
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.	