

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

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

**RECEIVED**

OCT 26 1978

Operator  
**Black River Corporation** ✓

Address  
**620 Commercial Bank Tower Midland, Texas 79701**

Reason(s) for filing (Check proper box)  
 New Well  Designate  
 Recompletion  Change in Transporter of:  
 Change in Ownership  Oil  Dry Gas   
 Casinghead Gas  Condensate

**O.C.C.  
 ARTESIA, OFFICE**

If change of ownership give name and address of previous owner **R-6033**

**DESCRIPTION OF WELL AND LEASE** **Cass Draw WC Gas**

Lease Name <b>Miller Com</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Canyon Without Watercamp</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>C</b> ; <b>760</b> Feet From The <b>North</b> Line and <b>2080</b> Feet From The <b>West</b> Line of Section <b>10</b> Township <b>23S</b> Range <b>27E</b> , NMPM, <b>Eddy</b> County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Drawer 175, Artesia, New Mexico 88210</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1492, El Paso, Texas 79978</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>10</b>	Twp. <b>23S</b>	Rge. <b>27E</b>
is gas actually connected?	When		<b>Yes 10-10-78</b>	

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.	Diff. Res'v.
		X		X				X
Date Spudded <b>5-22-78</b>	Date Compl. Ready to Prod. <b>10-10-78</b>	Total Depth <b>12,350</b>		P.B.T.D. <b>11,160</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>3101.7 Ground Level</b>	Name of Producing Formation <b>Canyon Without Watercamp</b>	Top Oil/Gas Pay <b>9896'</b>		Tubing Depth <b>9545'</b>				
Perforations <b>9896 - 9906 - 9924 - 9932 - 2 shots per foot</b>						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2"</b>	<b>13 5/8"</b>		<b>349'</b>		<b>400 sx</b>			
<b>12 1/4"</b>	<b>10 3/4"</b>		<b>3635'</b>		<b>1550 sx &amp; 300 sx neat</b>			
<b>9 1/2"</b>	<b>7 5/8" liner</b>		<b>5,410' to 11,497'</b>		<b>770</b>			
<b>6 1/2"</b>	<b>5" liner</b>		<b>11,367' to 12,349'</b>		<b>150</b>			

**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 60 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

*Posted  
ED-3  
10-27-78  
ARTESIA*

**GAS WELL**

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

**Ronnie Sowders**  
 (Signature)  
 Vice President  
 (Title)  
 10-10-78  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED **OCT 27 1978**

BY **W. A. Gresser**

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.