

N. M. O. C. COPY

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

RECEIVED

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

MAR 17 1972

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

I. Operator Black River Corporation

Address 620 Commercial Bank Tower, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cities Federal</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Washington Morrow</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM0472258</u>
Location				
Unit Letter <u>I</u>	<u>660</u>	Feet From The <u>East</u>	<u>2080</u>	Feet From The <u>South</u>
Line of Section <u>33</u>	Township <u>25S</u>	Range <u>24E</u>	, NMPM, <u>Eddy</u> County	

III. 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)
<u>El Paso Natural Gas Company</u>	<u>Box 1492, El Paso, Texas 79999</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>Yes</u> <u>3/17/72</u>

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.
		<u>X</u>	<u>X</u>					
Date Spudded <u>1/14/72</u>	Date Compl. Ready to Prod. <u>2/17/72</u>	Total Depth <u>7070</u>			P.B.T.D. <u>7037</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3763 RKB</u>	Name of Producing Formation <u>Morrow</u>	Top XX /Gas Pay <u>6921</u>			Tubing Depth <u>6885</u>			
Perforations <u>6921-28; 6946-68</u> <u>58</u> holes					Depth Casing Shoe <u>7069</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>11</u>	<u>8-5/8</u>	<u>722</u>		<u>525</u>				
<u>7-7/8</u>	<u>5-1/2</u>	<u>7069</u>		<u>350</u>				
	<u>2-7/8</u>	<u>6885</u>		<u>- -</u>				

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 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 <u>5420</u>	Length of Test <u>1 hour</u>	Bbls. Condensate/MMCF <u>- -</u>	Gravity of Condensate <u>- -</u>
Testing Method (pitot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>2462</u>	Casing Pressure (shut-in) <u>Packer</u>	Choke Size <u>24/64</u>

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.

J. J. Berry Jr.
(Signature)

Agent

(Title)

3/16/72
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 17 1972, 19

BY W. A. Grissett
Oil Well Inspector

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 Forms C-104 must be filed for each pool in multiply completed wells.

MAR 23 1972

Tabulation of Deviation Surveys --- Cities Federal #3 --- Rig No. 2 ^{ARTESIA, TEXAS} JCS 3185
 Location: 2080' FSL and 660' FEL, Section 33, T-25-S, R-24-E, Eddy County,
 New Mexico.

333' - $3/4^{\circ}$	4478' - 3°
527' - $1\ 1/4^{\circ}$	4623' - $3\ 3/4^{\circ}$
713' - $3/4^{\circ}$	4686' - $3\ 1/4^{\circ}$
1115' - $3/4^{\circ}$	4759' - $3\ 1/2^{\circ}$
1385' - $3/4^{\circ}$	4811' - 3°
1635' - $3/4^{\circ}$	4906' - $3\ 3/4^{\circ}$
1944' - 1°	4970' - $3\ 1/2^{\circ}$
2194' - $3/4^{\circ}$	5057' - 2°
2409' - $3/4^{\circ}$	5181' - $1\ 3/4^{\circ}$
2628' - $3/4^{\circ}$	5429' - $2\ 1/2^{\circ}$
2876' - $3/4^{\circ}$	5582' - $1\ 1/2^{\circ}$
3125' - $1/2^{\circ}$	5832' - $1/2^{\circ}$
3312' - $1/4^{\circ}$	6079' - $1/2^{\circ}$
3475' - $1/2^{\circ}$	6325' - $1\ 3/4^{\circ}$
3597' - $1/2^{\circ}$	6606' - $1\ 3/4^{\circ}$
3753' - $3/4^{\circ}$	6865' - 2°
4064' - $1\ 3/4^{\circ}$	6981' - 2°
4220' - 2°	

I certify that this Deviation Tabulation was supplied to me by ROWAN DRILLING-U.S. and is a true and correct tabulation of the Totco readings for this well.

ATTEST:

Tommy Phipps
 Tommy Phipps, Executive Vice President

Secretary

THE STATE OF TEXAS
 COUNTY OF MIDLAND

The foregoing instrument was acknowledged before me this 23 day of March, 1972, by TOMMY PHIPPS, Executive Vice President of BLACK RIVER CORPORATION, on behalf of said corporation.

Notary Public in and for Midland County, Texas
 REBY G. MOORE Notary Public
 In and for Midland County, Texas

Attest: My Commission Expires June 1, 1973