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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.

E. C. L.
ARTESIA, OFFICE

Operator Black River Corporation	
Address 620 Commercial Bank Tower, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name BR Federal 4	Well No. 1	Pool Name, including Formation Washington Ranch Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM0558959
Location				
Unit Letter H	1986	Feet From The North	Line and 660	Feet From The East
Line or Section 4	Township 26S	Range 24E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. O. Box 3119, Midland, Texas					
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					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 4	Twp. 26S	Rge. 24E	Is gas actually connected? No	When

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	X					
Date Spudded 5/17/72	Date Compl. Ready to Prod. 6/11/72		Total Depth 7125		P.B.T.D. 7075				
Elevations (DF, RKB, RT, GR, etc.) 3780 RKB	Name of Producing Formation Morrow		Top XXXXX Pay Gas 6953		Tubing Depth 6975				
Perforations 6953-64; 7024-39						Depth Casing Shoe 7125			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11		8-5/8		725		325 sacks			
7-7/8		5-1/2		7125		300 sacks			
5-1/2		2-7/8		6975		Packer			

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)

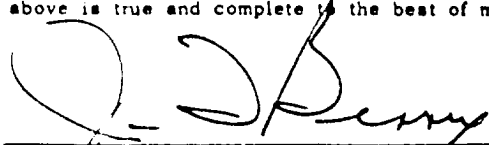
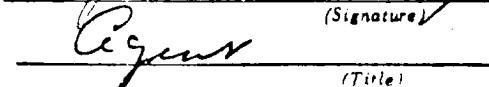
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 9189	Length of Test 1 hour	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Press.	Tubing Pressure (Shut-in) 2410	Casing Pressure (Shut-in) 2430	Choke Size 32/64

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.


(Signature)

(Title)

OIL CONSERVATION COMMISSION

APPROVED NOV 7 1972, 19____
BY J. D. Perry
TITLE OIL AND GAS INSPECTOR

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 allow-

Note: Well is completed in two zones of Morrow Reservoir with packer separating