DISTRIBUTION		ONSERVATION COMMISS	Form C -104 Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
LAND OFFICE		NSPORT OIL AND NATURAL	GAS
TRANSPORTER GAS			REDEIVED
OPERATOR PROBATION OFFICE			NOV 4 1974
Operator Black River Corpo	ration		
Address	nk Tower, Midland, Texas 7	9701	ARTESIA, OFFICE
Reason(s) for filing (Check proper	box)	Other (Please explain)	
New Well 👗 Recompletion	Change in Transporter of: Oil Dry Ga	s CASISONEAD G	AS MUST NOT BE
Change in Ownership	Casinghead Gas Conder	S FLAGED AFTER	CEPTION TO Fue 30 6
If change of ownership give nam and address of previous owner		IS OBTAINED	
. DESCRIPTION OF WELL AN	D LEASE		· /
Cities Federal	Well No. Pool Name, Including F 4 Washington Ran		se Lease No. al or Fee Federal NMO472258
Location F	877 Feet From The NLin	1650	West
			T0 1 1
Line of Section 34	Township 25-S Range	24-Е , ммрм,	Eddy County
Name of Authorized Transporter of	OII X or Condensate	S Address (Give address to which appro	oved copy of this form is to be sent)
The Permian Corpo	ration Casinghead Gas or Dry Gas	P.O. Box 1183, Houston Address (Give address to which appro	
Nume of Kuthorized Hunsporter o.		· · · · · · · · · · · · · · · · · · ·	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. F 34 25-S 24-E	Is gas actually connected? Wi	len
	with that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·
Designate Type of Complete	etion = (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
June 27, 1974 Elevations (DF, RKB, RT, GR, etc	October 26, 1974	1584'	1438 <sup>1</sup> Tubing Depth
3715 GR	Delaware	/357 1 <del>310</del>	1351'
Perforations / 357-6	0		Depth Casing Shoe
HOLE SIZE		DEPTH SET	SACKS CEMENT
12 1/4 "	9 5/8"	2851	200 sx.
8 1/2 "	7" 23/8"	1445' 1351	<u>225 sx.</u>
. TEST DATA AND REQUEST	FOR ALLOWARLE (Test must be g		and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas 1.	
8-29-74	10-26-74	Pump	Choke Size
Length of Test 24 Hrs.	Tubing Pressure -0-	Casing Pressure 	3/4
Actual Prod. During Test 63.80 bbls.	OII-BELS. 4.35	Water-Bbls. 59.45	Gas-MCF 2,000 Cu. Ft. (Est.)
l		L	
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		OUL CONSERV	ATION COMMISSION
. CERTIFICATE OF COMPLIA		APPROVED NOV 4 13	)74
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.		1. 1. hospitt	
above is true and complete to	ine best of my knowledge and belief.	OIL AND GAS INSPEC	
		This form is to be filed in	compliance with RULE 1104.
- Rounie Sowcles		If this is a request for allowable for a newly drilled or deepened well this form must be accompanied by a tabulation of the devision	
(Signature) Vice President		All sections of this form must be filled out completely for allow-	
(Tille) 10 - 29-74		able on new and recompleted wells. Fith out only Sections 1. H. H. and VI for changes of owner,	
the second se	(Date)	viell name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	
		countered wells	