

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bisco, Inc.		Well API No. 30-025-00085
Address c/o/ Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs NM 88241		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective 11/1/93
If change of operator give name and address of previous operator Elk Oil Company, P. O. Box 310, Roswell, NM 88201		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State D J	Well No. 1	Pool Name, Including Formation Caprock San Andres	Kind of Lease State, Federal or Fee	Lease No. L-39
Location Unit Letter H : 2338 Feet From The North Line and 330 Feet From The East Line Section 2 Township 12S Range 32E , NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210					
Navajo Refining Company						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 2	Twp. 12S	Rgs. 32E	Is gas actually connected?	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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
					Tubing Depth			
					Depth Casing Shoe			
					SACKS CEMENT			

ble for this depth or be for full 24 hours.)
, gas lift, etc.)

OPER. OGRID NO. 25684 12572-3
PROPERTY NO. 15265 15278
POOL CODE 09150
EFF. DATE 7-6-94
API NO. 30-025-00085

O-TRNSP. OGRID NO. 15694 Water POD
G-TRNSP. OGRID NO. 929010 929030
OIL POD NO. 929010
GAS POD NO. 929030

Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-in)	Choke Size	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Laren Holler Agent
Printed Name Laren Holler Title
Date 12/29/93 (505) 393-2727
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 06 1994
By _____
Title ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.