| DISTRIBUTION | | | |
|--|--|---|--|
| DISTRIBUTION | REQUEST FOR ALLOWABLE S. | | Form C-104 |
| SANTA FE | | | Supersedes Old C-104 and C- |
| FILE | | AND Effective 1- | |
| U.S.G.S. | AUTHORIZATION TO TRA | ANSPORT OIL AND NATURAL (| GAS |
| LAND OFFICE | | | |
| TRANSPORTER GAS | | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |
| Operator | | | |
| Blackrock Oil C | empetay | | |
| | r, Midland, Texas 79701 | | |
| Reason(s) for filing (Check proper bo | | Other (Please explain) | |
| New Well | Change in Transporter of: | THIS WELL HAS BEEN | PLACED IN THE POOR |
| Recompletion | Oil Dry Go | DESIGNATED BELOW. IF | YOU DO NOT CONCUR |
| Change in Ownership | Casinghead Gas Conder | NOTIEV TIPE OFFICE | |
| If change of ownership give name and address of previous owner | | | |
| DESCRIPTION OF WELL AND | LEASE Well No. Fool Na | rme, Including Formation | Kind of Lease |
| Mobil Atlantic Fed. | 1 -A1 | lison Penn. $R-3959$ | State, Federal or Fee Fed. |
| Location | | | |
| Unit Letter D ; 6 | 60 Feet From The N Lin | ne and 660 Feet From | The $oldsymbol{W}$ |
| Onit Letter | | | |
| Line of Section 10 , To | ownship -9-S Range -3 6 | 6-E , NMPM, | Lea County |
| | | | |
| Name of Authorized Transporter of O | RTER OF OIL AND NATURAL GA | As Address (Give address to which appro | ned conv of this form is to be sent! |
| | | | |
| Mobil Pipe Line Co | mpany | Box 633, Midland, Te Address (Give address to which appro | was (9701 |
| | isingneda Gds [_] or Dry Gds] | Address (Give dadress to which appro | ved copy of this form is to be sent) |
| None at Present | | Is gas actually connected? Wh | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | | |
| give location of tanks. | D 10 9-S 36-E | No | Soon as possible |
| If this production is commingled w | rith that from any other lease or pool, | give commingling order number: | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res |
| Designate Type of Complet | : (Y) | Maw well workover Deeber | Flug Back Same Res V. Dill. Res |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 11-12-69 | 12-31-69 | 9905 | 9894 |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Allison Penn. | Penn. (Bough C) | 9837 | 9 8 60 |
| Perforations | | | |
| 7 holes 9837 to 9 | marine. | | Depth Casing Shoe |
| | 1861 | | 1 1 |
| | | D CEMENTING RECORD | Depth Casing Shoe |
| | TUBING, CASING, AN | D CEMENTING RECORD | 9904 |
| HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE | DEPTH SET | 9904 |
| HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE | DEPTH SET | 9904 SACKS CEMENT |
| HOLE SIZE 15 11 | TUBING, CASING, AND CASING & TUBING SIZE 13 3/8 8 5/8 | DEPTH SET 402 4153 | 9904 SACKS CEMENT 400 350 |
| HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE 13 3/8 8 5/8 4 1/2 | 402 4153 9905 | 9904 SACKS CEMENT 400 350 220 |
| HOLE SIZE 15 11 7 7/8 | TUBING, CASING, AND CASING & TUBING SIZE 13 3/8 8 5/8 4 1/2 2 3/8 | DEPTH SET 402 4153 9905 9860 | 9904 SACKS CEMENT 400 350 220 N/A |
| HOLE SIZE 15 11 7 7/8 TEST DATA AND REQUEST 1 | TUBING, CASING, AND CASING & TUBING SIZE 13 3/8 8 5/8 4 1/2 2 3/8 FOR ALLOWABLE (Test must be a | 402 4153 9905 | 9904 SACKS CEMENT 400 350 220 N/A |
| HOLE SIZE 15 11 7 7/8 | TUBING, CASING, AND CASING & TUBING SIZE 13 3/8 8 5/8 4 1/2 2 3/8 FOR ALLOWABLE (Test must be a able for this de | DEPTH SET 402 4153 9905 9860 after recovery of total volume of load oil | SACKS CEMENT 400 350 220 N/A and must be equal to or exceed top all |
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| HOLE SIZE 15 11 7 7/8 TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks | TUBING, CASING, ANI CASING & TUBING SIZE 13 3/8 8 5/8 4 1/2 2 3/8 FOR ALLOWABLE (Test must be a able for this de 12-31-69) Tubing Pressure | DEPTH SET 402 4153 9905 9860 after recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas li | SACKS CEMENT 400 350 220 N/A and must be equal to or exceed top alleget, etc.) |
| HOLE SIZE 15 11 7 7/8 TEST DATA AND REQUEST IOIL WELL Date First New Oil Run To Tanks 12-31-69 | TUBING, CASING, ANI CASING & TUBING SIZE 13 3/8 8 5/8 4 1/2 2 3/8 FOR ALLOWABLE (Test must be a able for this de la 12-31-69 | DEPTH SET 402 4153 9905 9860 after recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas lifted) | SACKS CEMENT 400 350 220 N/A and must be equal to or exceed top alle |
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| HOLE SIZE 15 11 7 7/8 TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks 12-31-69 Length of Test 24 hrs. Actual Prod. During Test 250 Bbl. GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) | TUBING, CASING, ANI CASING & TUBING SIZE 13 3/8 8 5/8 4 1/2 2 3/8 FOR ALLOWABLE (Test must be a able for this do Date of Test 12-31-69 Tubing Pressure 400 Oil-Bbls. 200 Length of Test Tubing Pressure | DEPTH SET 402 4153 9905 9860 after recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas lifted) Flow Casing Pressure Pkr. Water-Bbls. 50 Bbls. Condensate/MMCF | SACKS CEMENT 400 350 220 N/A and must be equal to or exceed top all ift, etc.) Choke Size 20/64* Gas-MCF 165 Gravity of Condensate |
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| HOLE SIZE 15 11 7 7/8 TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks 12-31-69 Length of Test 24 hrs. Actual Prod. During Test 250 Bbl. GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied above is true and complete to the complete to t | TUBING, CASING, ANI CASING & TUBING SIZE 13 3/8 8 5/8 4 1/2 2 3/8 FOR ALLOWABLE (Test must be a able for this do able for this do Date of Test 12-31-69 Tubing Pressure 400 Oil-Bbls. 200 Length of Test Tubing Pressure | DEPTH SET 402 4153 9905 9860 after recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas lifter Pkr. Water-Bbls. Bbls. Condensate/MMCF Casing Pressure OIL CONSERVA APPROVED BY TITLE This form is to be filed in If this is a request for allowell, this form must be accompa | SACKS CEMENT 400 350 220 N/A and must be equal to or exceed top all fit, etc.) Choke Size 20/64** Gas-MCF 165 Gravity of Condensate Choke Size ATION COMMISSION 15/1070 19 201 201 201 201 201 201 201 |

| | Medder Genature) |
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| Presider | , |
| | (Title) |
| January | 2, 1970 |
| | (Date) |

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 Sections I, II, III, and VI only 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.