

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Bliss Energy Corporation	
Address P. O. Box 1817, Hobbs, N.M. 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Operator's Name Change	

If change of ownership, give name and address of previous owner Bliss Petroleum, Inc., P. O. Box 1817, Hobbs, N.M. 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name State AR	Well No. 3	Pool Name, including Formation Echols Devonian	Kind of Lease State, Federal or Fee State	Lease No. LC-1796-1
Location Unit Letter L : 660 Feet From The North Line and 990 Feet From The West Line of Section 2 Township 11S Range 37E, 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"/> AMOCO Production Company - Trucks	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
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)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit K Sec. 2 Twp. 11S Rge. 37E	No

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Paul Bliss
(Signature)
President

June 4, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 2 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
		X							
Date Spudded	Re-entered	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-10-86		2-6-86		11,580' KB		11,322' KB			
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3056' RKB		Echols Devonian		11,260' KB		11,310' KB			
Perforations						Depth Casing Shoe			
11,260 - 310' (100-0.5" holes)						11,500' (liner shoe)			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"		11 3/4" 42#		353'		350 - Circ			
11"		8 5/8" 32#		5000'		1120 - Circ			
7 7/8"		5 1/2" Liner 17 & 20#		4799 - 11,500'		1050 - Calc. near surf			
		2 7/8" 6.5#		11,310'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
2-7-86	2-12-86	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	25	25	2" - open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
145 BTF	145 (40.1 API Grav.)	0	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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AUG 22 1986
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FEB 21 1986
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