

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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 Petroleum, Inc.  
Address  
P. O. Box 1817 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Re-entry & recompletion of P & A'd well

If change of ownership give name  
and address of previous owner

**CASINGHEAD GAS MUST NOT BE  
FILED AFTER 4-7-86  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A R	Well No. 3	Pool Name, Including Formation Echols Devonian	Kind of Lease State, Federal or Fee	Lease No. LC-1796-1
Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>11 S</u> Range <u>37 E</u> , NMPM, <u>Lea</u> 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.	Unit K	Sec. 2
	Twp. 11 S	Rgs. 37 E
	Is gas actually connected? No	
	When	

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  
(Title)  
2-20-86  
(Date)

OIL CONSERVATION DIVISION  
APPROVED FEB 24 1986, 19  
BY Eddie W. Seay  
Oil & Gas Inspector  
TITLE

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.
Re-entered		X							
Date Spudded	1-10-86	Date Compl. Ready to Prod.		2-6-86		Total Depth	11,580' KB		
Elevations (DF, RKB, RT, GR, etc.)	3056' RKB	Name of Producing Formation		Echols Devonian		Top Oil/Gas Pay	11,260' 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 str				
	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	2-7-86	Date of Test	2-12-86	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24 Hours	Tubing Pressure	25	Casing Pressure	25
Actual Prod. During Test	145 BTF	Oil - Bbls.	145 (40.1 API Grav.)	Water - Bbls.	0
				Choke Size	2" - open
				Gas - MCF	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