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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator BLACKROCK OIL COMPANY	
Address 1000 V & J Tower, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLAMED AT OR <u>11/17/71</u> UNLESS AN EXCEPTION TO R-4870 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mobil Atlantic Federal	Well No. 4	Pool Name, Including Formation Allison Penn	Kind of Lease State, Federal or Fee Fed	Lease No. LC069300
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 3 Township 9 South Range 36 East , 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"/> MOBIL PIPELINE	Address (Give address to which approved copy of this form is to be sent) Box 633, Midland, Tx 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CITIES SERVICE OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 3	Twp. 9S	Rge. 36E	Is gas actually connected? No	When 1 - 2 weeks

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-20-71	Date Compl. Ready to Prod. August 17, 1971		Total Depth 9898'		P.B.T.D. 9883'			
Elevations (DF, RKB, RT, GR, etc.) 4091 G.L.	Name of Producing Formation Penn (Bough C)		Top Oil/Gas Pay 9830'		Tubing Depth 9700'			
Perforations 9830', 9832', 9834', 9836', 9838', 9842', 9844', /9851', and 9853'					Depth Casing Shoe 9898'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12-3/4"		400'		400 SX.			
11"	8-5/8"		4200'		400 SX.			
7-7/8"	4-1/2"		9900'		150 SX.			
	2-3/8"		9700'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 8-17-71	Date of Test 8-22-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 500	Choke Size 1"
Actual Prod. During Test 98	Oil - Bbls. 98	Water - Bbls. 21	Gas - MCF 3842 GOR

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.

Leon Toombs
(Signature)
Leon Toombs, Production Superintendent
(Title)

August 23, 1971

OIL CONSERVATION COMMISSION
APPROVED 11 AUG 30 1971, 19
BY [Signature]
TITLE SUPERINTENDENT OF DISTRICT I

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.

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OIL CONSERVATION COMM.
HOBBBS, N. J.