

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
REGISTRATION OFFICE	
Co-ordinator	

Bliss Petroleum, Inc.

Address  
c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

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

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 10/1/84  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**If change of ownership give name  
and address of previous owner \_\_\_\_\_

LC-1796-1

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "AR"	4	Echols Devonian	State, Federal or Fee State	Above
Location				
Unit Letter	K	1950 Feet From The	South Line and	1650 Feet From The
Line of Section	2	Township	11S	Range
			37E	NMPM, Lea County

## 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)					
Amoco Production Co. Trucks	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	2	11S	37E	No	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XXX			XXX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
4/24/84	7/28/84		11,580		----			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3961 KB	Devonian		11,550		11,515			
Perforations					Depth Casing Shoe			
Open Hole 11,420-11,580					11,420			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	368	400
12 1/4	9 5/8	5035	1865
7 7/8	5 1/2	11,420	1075
	2 3/8	11,515	

## TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.)	
7/14/84	8/4/84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	45	20	TSTM

## GAS WELL

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

## 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.

Wanda Walker  
(Signature)Agent  
(Title)8/27/84  
(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 28 1984, 19BY Eddie W. Sany  
Oil & Gas InspectorTITLE \_\_\_\_\_  
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.