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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

*Verbal on bond
5592 from
Pine*

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Black Resources, Inc. Well API No. 41
30-025-20215

Address 1100 Mustang Trail, Granbury, Texas 76049-5621

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain):

If change of operator give name and address of previous operator Memorial Exploration Co., 17 Briar Hollow Ln., Ste. 200, Houston Texas 77027

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Free	Lease No.
<u>Shell-Cone-Partin</u>	<u>1</u>	<u>Chaveroo (San Andres)</u>	<u>Free</u>	

Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line
Section 35 Township 7 Range 32 East , NMFM , Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
<u>Enron Oil Trading & Transportation Co.</u>	<input checked="" type="checkbox"/>	<u>P.O. Box 1188, Houston, Tx. 77251-1188</u>

Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
<u>None</u>	<input type="checkbox"/>	

If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	Is gas actually connected?	When?
	<u>J</u>	<u>35</u>	<u>7S</u>	<u>32E</u>	<u>No</u>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)

Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Actual Prod. During Test	Oil - Bbls	Water - Bbls	Gas - MCF

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

VI. OPERATOR 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.

William D. Black Pres
Signature William D. Black President
Printed Name
Date 2/24/92 Telephone No. (817) 579-1144

OIL CONSERVATION DIVISION

MAR 06 '92

Date Approved

By Paul Kautz
Orig. Signed by
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
 - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Form C-104 must be filed for each pool in multiply completed well

RECEIVED
FEB 26 1992
OCD HOBBS OFFICE