

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Enr. Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator OGS Operating Co., Inc.		Well API No. 30-041-20864
Address 550 W. Texas, Suite 1140, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator 160 ac gas Pu at 50		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bilberry	Well No. 3	Pool Name, Including Formation Bluitt (San Andres) Assoc.	Kind of Lease State, Federal <input checked="" type="checkbox"/> Fee	Lease No.
Location Unit Letter N : 990 Feet From The South Line and 1650 Feet From The West Line Section 11 Township 8-S Range 37-E, NMPM. Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Company	P. O. Box 1150, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					No Yes	9-9-92

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
		X	X					
Date Spudded 7-9-92	Date Compl. Ready to Prod. 8-14-92		Total Depth 4575		P.B.T.D. 4526			
Elevations (DF, RKB, RT, GR, etc.) 4019.8 Gr	Name of Producing Formation San Andres		Top Oil/Gas Pay 4415		Tubing Depth 4414			
Perforations 4415'-4510'					Depth Casing Shoe 4575			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		378'		205			
7-7/8"	4-1/2"		4574'		665			
	2-3/8"		4414'		-0-			

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 1536	Length of Test 4hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (prior, back pr.) Back pr	Tubing Pressure (Shut-in) 1227	Casing Pressure (Shut-in) 1226	Choke Size 1/4"

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.

Signature Mickey Dobson
Mickey Dobson, Vice President-Drlg & Prod.
Printed Name Title
9-4-92 (915) 682-6373
Date Telephone No.

OIL CONSERVATION DIVISION
SEP 08 '92

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.