

**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

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

I. Operator
BLACKROCK OIL COMPANY
 Address
1000 Ghls Tower West - Midland, Texas 79701
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CV	Well No. 1	Pool Name/Including Formation <i>State CV</i>	Kind of Lease State, Federal or Fee	State State	Lease No. E-2109
Location Unit Letter M ; 660 Feet From The South Line and 612 Feet From The West Line of Section 30 Township 12-S Range 34-E , 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"/> AMOCO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Bldg, Ft. Worth, Tx 76102
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit M Sec. 30 Twp. 12 Rge. 34 Is gas actually connected? Yes When 1-13-66

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	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v.
Date Spudded August 2, 1972	Date Compl. Ready to Prod. August 6, 1972	Total Depth 9644	P.B.T.D. 9644					
Elevations (DF, RKB, RT, GR, etc.) 4229' RDB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9326	Tubing Depth 9300					
Perforations 9326 - 933', 9366 - 9374		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 35.6 - 54.5#		410		375 SX.			
12-1/4"	8-5/8" 24 - 32#		4091		800 SX.			
7-2/8"	5-1/2" 14 - 17#		10374		525 SX.			
	2-3/8" 4.7#							

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)

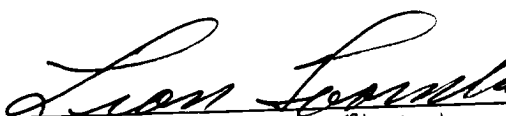
Date First New Oil Run To Tanks August 28, 1972	Date of Test 8-28-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 48 BO	Oil-Bbls. 48	Water-Bbls. -0-	Gas-MCF 57.9

GAS WELL

Actual Prod. Test-MCF/D	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.


 (Signature) **Leon Toombs**
Production Superintendent
September 11, 1972 (Title)
 _____ (Date)

OIL CONSERVATION COMMISSION
SEP 13 1972

APPROVED _____, 19____
 BY **Joe D. Ramey**
 TITLE **Dist. I, Supy.**

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.

1. [unclear] [unclear]

2. [unclear]

3. [unclear] [unclear] [unclear]
[unclear] [unclear]