				-	
	STRIBUTION		ONSERVATION COMM	ISSION	Form C -104
	A FE		FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65
			AND		
	.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND I	NATURAL GAS)
	OIL				
	NSPORTER GAS				
	RATOR RATION OFFICE				
	TOL	· · ·			
	American Cometra, Inc				
	P. O. Box 1749, Midla son(s) for filing (Check proper box)	nd, Texas 19702	Other (Please	explain)	
	v Well	Change in Transporter of:	<u> </u>		
	completion	Oil Dry Ga Casinghead Gas Conder			
	hange of ownership give name address of previous owner	Blanks Energy Corporatio	on, 600 Blanks	<u>Building, M</u>	idland, Texas 79701
	ESCRIPTION OF WELL AND I	LEASE		Kind of Lease	Lease No.
	ease Name Pennzoil State	Well No. Pool Name, Including F 2 NE Lovington		State, Federal or	F•• State 0G-4765
			<u> </u>		
	Unit LetterB;660	Feet From The North Lin	ne and <u>1980</u>	Feet From The	East
	Line of Section 18 Tow	mship 16-S Range 3	37-Е , ммрм	, Lea	County
	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	<u>IS</u>	· · · · · · · · · · · · · · · · · · ·	the form to be west
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address Box 2528; Ne		copy of this form is to be sent) 8240
	Texas New Mexico Pipe Name of Authorized Transporter of Cas	line Company	Address (Give address	to which approved	copy of this form is to be sent)
	Southern Union Gathe	ring Company	First International Buil		lding, Dallas, Tex. 752
	If well produces oil or liquids,	Unit Sec. Twp. P.ge. B 18 16-S 37-E	ls gas actually connect Yes	,	nuary 7, 1985
	give location of tanks.	th that from any other lease or pool,		·	110ary
IV.	If this production is commingied with COMPLETION DATA	Oll Well Gas Well	New Well Workover		lug Back ¹ Same Res'v. Diff. Res'v.
	Designate Type of Completio				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	ч Ч	.B.T.D.
		Name of Producing Formation	Top Oil/Gas Pay	т	ubing Depth
	Elevations (DF, RKB, RT, GR, etc.)				N. Oracle of Direct
	Perforations				epth Casing Shoe
		TUBING, CASING, AN	D CEMENTING RECOR	2D	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT
			the second second second	me of load oil and	must be equal to or exceed top allow-
v.	TEST DATA AND REQUEST FOUL WELL	OR ALLOWABLE (Test must be able for this d	epth or be for full 24 hour	#)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor	ν, pump, gas τητ, τ	
	Length of Test	Tubing Pressure	Casing Pressure	. 6	Choke Size
			Water - Bbis.		as - MCF
	Actual Prod. During Test	Oil-Bbls.	Haler - Bbier		
	l	<u></u>			
	GAS WELL	Length of Test	Bbls. Condensate/MMC	F 0	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of lest			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size
	CERTIFICATE OF COMPLIAN	 CE	OIL	CONSERVAT	ION COMMISSION
VI.				AUG - 71	985 19
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED ORIGINAL SIGNED BY JERRY SEXTON		
	above is true and complete to the	e best of my knowledge and belief.	BYOR	DISTRICT 1	SUPERVISOR
	.) //		/ TITLE		
	had the		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.		
	- And Marine Sign				
	Agent	-	All sections 9	f this form must	be filled out completely for allow-
		icle)	able on new and r	ecompleted weilt	. and WI for changes of owner.
	6-1-85 (D	ate)	i well name of numb	er, or transporten	or other such change of condition. e filed for each pool in multiply
	·		Separate For	ns C-104 must t	

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STATE OF NEW MEXICO			-	Form C Revise	-104 d 10-1-78
AGY AND MILLIALS DEPARTMENT	U.L CONSERVA		t .		
10.31 MID VI IOH	9. O. 110X SANTA FE, NEW				
	SANTA FELITER				
U 8.0.8.	REQUEST FOR	ALLOWABLE			
TRANSPONTEN DAS 1	AN AUTHORIZATION TO TRANSPO		RAL GAS		
OPERATOR	AUTHORIZATION TO TRANSPO			······	
CONTRACTOR CONTACT	ion				
Blanks Energy Corporat					
600 Blanks Building; M	lidland, Texas 79701	Other (Fleas	e esplainj		
Reason(s) for filing (Check proper box Naw Well	Change in transporter of		•		
Recompletion	Oil X Dry Gas Cealinghead Gas Condens				
Change in Ownership					
If change of ownership give name and address of previous owner					i
DESCRIPTION OF WELL AND	LEASE		Kind of Lease		Leana No.
Lease Name				or Foo State	0G-4765
Pennzoil	2 <u>NE Lovington</u>				
Unit Letter ;	560 Feel From The North Line	and <u>1980</u>	Feet From T	ha <u>tast</u>	
18	waship 16-S Range 3	7-E , NMP	a, Lea	1	County
Line of Section		c			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA				is to be sent)
I Toxas New Mexico Pipe	line Company	Box 2528; Hobb Address (Cive address	s, New Mex	ico 88240 red copy of this form	is so be sens)
Name of Authorized Transporter of Co Southern Union Gather	astrophead Gas [X] In Dry Gas []	irst Internati	onal Build	ing. Dallas_	
	Unit Sec. Twp. Rge.	is gas actually connec	ited?	-n	
If well produces oil or liquids, give location of tanks.	B 18 16-S 37-E	Yes		January-7,-1	201
If this production is commingled w COMPLETION DATA	with that from any other lease or pool,	TNew Well Workover	Deepen	Plug Back Sam	Resty. Diff. Resty.
Designate Type of Complet	On went		 	· · · · · · · · · · · · · · · · · · ·	1
Designite Type of Long	Dute Compl. Heady to Prod.	To.cl Depth		P.B.T.D.	
	tiama of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Elorations (DF, RKB, RT, GR, etc.)				Depth Casing Sho	<u>.</u>
Perforations					· · · · · · · · · · · · · · · · · · ·
	TUBING, CASING, AN	D CEMENTING RECO	ORD	SACKS	CEMENT
HOLE SIZE	CAMING & TUBING SIZE	UE/TH	301		
	FOR ALL ABLE (Test must be a sole for this 2	ofter recovery of total w	olume of load oil	and must be equal	to or sxceed top allow
OIL WELL		Producing Nathod (F	iow, pump, gas l	ijt, etc.)	
Date First New Oil Run To Tanks	Deta of T			Cheke Size	
Langth of Test	Tubing P: sure	Caning Pressure			
Durling Tabl	Oil-Bbla.	Waler-Bbls.		Gae - MCF	
Actual Prod. During Test					
				Gravity of Cond	eneale
GAS WELL Actual Frod. Teet-MCF/D	Length of Test	Bbls. Condensate A.	IAC F		
. colla; Moixed (pilot, back pr.)	Tubing Presswe (Shut-in)	Casing Pressure (S	nut-in)	Choke Size	
, colla, Method (parts			CONSERVA	TION DIVISIO	N
L CLETIFICATE OF COMPLIA	INCE .		JUL 301	982	
The sules artify that the sules as	nd regulations of the Oil Conservation	11	CIGNED .	•	-
I hereby certify that the rules and t vision have been complied w cove is true and complete to	BY ARGUE SEVION				
CITAG TR FINA ANA		TITLE J	ERN SUP		
l 0.	1	This form	a to per then n	n comprisioner and	y drilled or deepen ation of the deviation
Day Fast	ignature)	woll, this form		and ance with RU	LE 111.
Vice President - Eng		- All section	s of this form	must be mind out	
	(Tule)	able on new #n	g tecompletes		on changes of own
July 23, 1982	(Duta)	well name of Di	indier, or trenep forme C-104 m	ust the filled for	ech pool in multi
	•	Separate a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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• e e T • C.C.D. HUGUS OFFICE

BIATE OF BLUE BERARTMENT		TION DIVISIO	Revised 10-1-78		
	IL CORDERVA	XTION DIVISIC			
0181 M IUT 10H	SANTA FE, NEV	/ MEXICO 87501			
V 1.U.U.					
LAND DEFILE		R ALLOWABLE			
GAN GAN		PORT OIL AND NATURAL GAS			
PRUMATION OFFICE					
Blanks Energy Corpora	tion				
Address		79702			
600 Blanks Energy Lor Reason(s) for filing (Check proper box	poration; Midland, Texas	Other (Please explain)			
11+w Well	Change in Transporter ol:				
Recompletion Change in Ownership 1	Casinghead Gas Conder				
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE	Xind of Lea	Bo Leaso No.		
Pennzoil	2 NE Lovington	ofmution	al or Fre State 0G-4765		
1 -	50 Feel From The North Lin	ne and <u>1980</u> Feet From	The <u>Fast</u>		
10	wishlp 16-S Bange	37-F , NMPM, Lea	County		
Line of Section 10					
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G/	AS Address (Give address to which appr	oved copy of this form is to be sent)		
None of Authorized Transporter of OL Tesoro (Jude Ch	ik Ca	P.O. Box 2297; Midland	L. Texas 79702		
Name of Authorized Transporter of Co	isinghead Gas Tor Dry Gas	Address (Give address to which approved copy of this form is to be sent) First International Bldg; Dallas, Texas 75201			
Southern Union Gathe	Unit Sec. Twp. Rge.	is gas actually connected?	nen		
If well produces oil or liquids, give location of tanks.	B 18 16-S 37-E	Yes	January 7, 1981		
If this production is commingied w	ith that from any other lease or pool,	, give commingling order number:	Plug Bock Same Resty, Dill. Rest		
. COMPLETION DATA	Oil Well Cas Well	New Well Workover Deepen	Plug Back Same Reset. Ditt. 100		
Designate Type of Completi	Date Compl. Reedy to Prod.	Total Depth	P.B.T.D.		
Dute Spudaod			Tubing Depth		
Elevations (DF, REB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pey			
Perforations			Depth Casing Shoo		
Pentiducity	THE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	D CEMENTING RECORD			
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE					
			in the second top allo		
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be able for this a	depth or be jor jun 24 nouses	il and must be equal to or exceed top allo		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Mothod (Flow, pump, gas	lift, etc.)		
		Casing Pressure	Choxe Size		
Length of Test	Tubing Pressure		Gas-MCF		
Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gur-moi		
GAS WELL		Bbla, Condenagte/AMCF	Gravity of Condensate		
Actual Fred. Test-MCF/D	Length of Test	Bbla, Condenadie/ MbiCr			
Testing Method (pitor, back pr.)	Tubing Pressure (Shut-12)	Cooing Pressure (Shut-in)	Choke Size		
failing Method (prior)			ATION DIVISION		
CERTIFICATE OF COMPLIA	NCE		1982, 19		
	d regulations of the Oll Conservation	n APPROVED			
Division have been complied with	th and that the information given he beat of my knowledge and belief	BYORGINAL SIGN	BYOSIGINAL SIGNED BY		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		TITLE SUPR.			
		here he filed	to compliance with MULE 1104.		
	andrain	If this is a request for allowable for a newly drilled or deep			
	(nalwe)				
Engineer	7 (110)	- All sections of this form must be inted our compretery the			
July 6, 1982		Fill out only Sections	outer, or other such change of condition		
	(Date)	Separate Forma C-104 r	nust be filed for each pool in multi		
•		comuleteil wella.			

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	CIL CORRERVA		tan an a		
	P.O. BOX SARTA FE, NEW	205B			
U 3 0 3.	REQUEST FOR				
0 A M P (M 1 B N	AUTHORIZATION TO TRANSPO				
PADRATUH OFFICE					
Blanks Energy Corpor					
600 Blanks Building,	Midland, TX 79701	Other (Pieuxe esplain)			
Reason(s) for filing (Check proper b New Well	Chapte in Transporter of:				
fleconsitetion	Chi Dry Core Carleshead Gas X Condens				
Change of ownership give name	8				
nd déficits el previous ormer			······································		
DESCRIPTION OF WELL AN	DIEASE Visit No. Pool Name, Inclusing For	rmation Xind of Lease	Locas NorFee State 0G-476		
Pennzoil	2 NE Lovington	(Penn) State, Federal			
B 6	60 Feel From The North Line	and <u>1980</u> Feet From 7	The East		
Unit Letter	16 6	l ea	Сочл		
Ling of Section 10	· · · · · · · · · · · · · · · · · · ·				
Relie of Authorized Trensporter of	CIL X CF OIL AND NATURAL GA				
Racin Inc		P. O. Box 2297, Midlanc Address (Give address to Which opport	VEd copy of this form is to be sent)		
Name of Authorized Transporter of	Casinghead Gas X or Div Gas	First International Blo	lg., Dallas, TX 75201		
Southern Union Gathe	Unit Sec. Twp. Rgs. B 18 16-S 37-E	Is gas actually connected? Win Yes	January 7, 1981		
-in-location of 100% St.	with threfree, any other lease or pool, a	· · · · · · · · · · · · · · · · · · ·			
If this preduction is commingled COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty, Dill. Re		
Designate Type of Compl			i P.B.T.D.		
Date Spadlad	Date Compt. neady to Prod.	Total Dopth	P.D.1.D.		
Listerions (DF, RKB, RT, GR, etc		Top Oll/Gus Puy	Tubing Dapth		
			Digin Caring Shoo		
Petforacions					
	TUEINC, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
FOLE SIZE					
		1	i and must be equal to or exceed top (
TEST DATA AND REQUEST	FOLALIGWARLE (Vestmuster) alle for the d	fler recovery of solar volume of 1020 on fix of he for full 24 hours)			
OIL WELL Date First New Oil Run To Tunks	Date of Test	Producing Method (Flow, pump, gos 1			
Length of Teel	Tubing Prosaute	Casing Pressure	Choke Size		
	Oll+Bbls.	Water - Bbls.	Gas-MCF		
Actual Prod. During Test	01.1000				
l					
GAS WELL Actual Frod. Tool-MCF/D	Length of Geel	Bbla. Condenacie A.MCF	Gravity of Condenzaie		
	Tubin; Presewe (ahut-La)	Coulng Pressure (Shut-in)	Choke Size		
Testing Method (pitol, back pr.)			ATION DIVISION		
CERTIFICATE OF COMPL	IANCE		11014 DIVISION		
A breaky cartify that the rules	and regulations of the Oli Conservation				
Division have been complied above in true and complete to	with and that the information given o the best of my knowledge and belief.	BY			
PAAL IS HIRE SHE SAL		TITLE			
	1_1		a compliance with NULE 1104, owable for a newly drilled or dee		
-lim t	tandeau	This form is to be first in could for a newly drilled or deep if this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for a			
Engineer	Kelenaiwe;				
February 8, 1982	(7 ule)	able on new and recompleted	as all and WI for changes of S		
repruary 0, 1902	(Duie)		It, III, and VI to change of con- orter, or other such change of con- ust be filed for each pool in mu		
		considered wells.			

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CER D ----

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STATE OF NEW MEXICO BGY AND MINERALS DEPARTMENT	JIL CONSERV	ATION DIVISIC		Form C-11 Revised	
CITET DIR VT KOH		OX 2088			
FANTA / E	SANTA FE, NE	W MEXICO 87501			
u ŧ.u.ŧ.					
LAND OFFICE		R ALLOWABLE			
UAB UAB UAB	AUTHORIZATION TO TRANS	ND PORT OIL AND NATUR	AL GAS		
PADRATION OFFICE					
Blanks Energy Corpora	<u>ițion</u>				
600 Blanks Building,		Other (Plenst	explored		
Heason(s) for liting (Check proper be New Well	Change in Transporter of:				
Recompletion	Cil Dry G	·• []			
Change in Ownership	Casinghred Gas XX Conde	naote [_]			
I change of ownership give name and address of previous owner	·				
DESCRIPTION OF WELL AND	LEASE		Kind of Lease		Louisi
Lease Name	Well No. Pool Name, Including F	_	State, Federal or Fe	" State	0G-47
Pennzoil State	2 NE Lovington	<u>remi i</u>		Jule	100-470
Unit Letter B ; f	60 Feet From The North Lir	ne and <u>1980</u>	Feel From The	East	·
Line of Section 18 T	cynahlp 16-S Range	37-Е , ммрм,		Lea	Cour
DESIGNATION OF TRANSPOL	TER OF OIL AND NATURAL GA	S			
Nome of Authorized Traisporter of O	II XX or Condensate	Address (Give address to			
Basin, Inc.	asinghead Gae XX or Dry Gas	P. O. Box 2297 Address (Give address to	, Midland, It	exas /9/01 by of this form is t	obesent)
Gas Company of New Me		1800 First Int			
li well produces oil or liquida,	Unit Sec. Twp. Rge.	Is gas actually connected	When		
give location of tanks.	<u>B 18 16-S 37-E</u>	Yest		ary 7. 1981	
(this production is commingled w COMPLETION DATA	ith that from any other lease or pool,			Back Same Res	Ty Diff. B.
Designate Type of Complet	ion - (X) XX	XX	i l		1
Date Spuddad	Date Compl. Ready to Prod.	Tetal Depth	P.8.	T.D.	
June 18, 1980	August 13, 1980	11,530' Top Oil/Gas Pay		ing Depth	
Elevations (DF, RKB, RT, GR, etc.) 3894.1 KB; 3879.1 GL	Penn Lime	11,404'		11,300'	
Perforations		00 07 44 40		h Casing Shoe	
11,407, 11, 13, 16, 18, 54, 56, 58	20, 22, 25, 27, 29, 32,	36, 37, 44, 46, 4	18, 52,	11,530'	
HOLE SIZE	CASING A TUBING SIZE	DEPTH SET		SACKS CEN	IENT
17 1/2"	13 3/8"	392'		0_sx	
11 "	<u> </u>	4282'		0_sx	
7 7/8"	4 1/2"	11530'	122	<u>5 sx</u>	
	FOR ALLOWABLE (Test must be a	fier recovery of cotal volum pik or be for full 24 hours)	s of load cil and mu	st be equal to or e	rxce+d top a
HL WELL Date First New Oil Hun To Tariks	Date of Test	Freducing Nothed (Flow,	pump, gas lift, etc.)	
·		Cosing Pressure	Chot	• Si1*	
Lungth of Tust	Tubing Pressue	Coning Pressous			
Actual Prod. During Test	Oll-Bbla.	Wator - Bbla.	Gas	• MCF	
		L			
Actual Frod. Tent- NCF/D	Length of Test	Bbla. Condensate/AMCF	Grav	ity of Condensate	
leeling wethod (pitol, back pr.)	Tubing Procows (Shat-10)	Cosing Pressue (Shut-1	.n) Choi	te Size	
			 NSERVATION		
ERTIFICATE OF COMPLIAN	CE			Î	
hereby certify that the rules and	regulations of the Oll Conservation	APPROVED	at and he	•	19
ivision have been complied with hove is true and complete to th	h and that the information given a beat of my knowledge and belief.	BYIar	kg. Signed by ry Sexton		
~		TITLE	at L. Supe.		
	V. L.		e filed in compli	ance with BULF	E 1104.
Hand. 7	tert		as for allowable (for a newly drill-	ed or deep
(S14)	atwe)	Well, this form must tests taken on the w	68 8CCGMU851694 V		
Gary L. Feist, Engine		All sections of t	his form must be i	filled out comple	etely for al
•	sta)	sule on new and recu	mpleted wells,	and VI for chas	nges of ov
February 12, 1981	ule)	well came or number,	or treveborter or a	other such chang	
•		Separate Forma completed wella.	C-104 toust be f	nen tot escu b	wat tu wat

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