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DISTRIBUTION		
DATE		
S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
RATOR		
RATION OFFICE		

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

Address: American Cometra, Inc.
P. O. Box 1749, Midland, Texas 79702
Person(s) for filing (Check proper box)
Well ☐ Completion ☐ Change in Ownership ☒ Change in Transporter of: Oil ☐ Gas ☐ Dry Gas ☐ Condensate ☐
Change of ownership give name and address of previous owner: Blanks Energy Corporation, 600 Blanks Building, Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE
Well Name: Pennzoil State Well No.: 2 Pool Name, Including Formation: NE Lovington Penn Kind of Lease: State, Federal or Fee State: State Lease No.: OG-4765
Location: Unit Letter B; 660 Feet From The North Line and 1980 Feet From The East
Line of Section 18 Township 16-S Range 37-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
Texas New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) Box 2528; New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Southern Union Gathering Company Address (Give address to which approved copy of this form is to be sent) First International Building, Dallas, Tex. 752
If well produces oil or liquids, give location of tanks. Unit B Sec. 18 Twp. 16-S Rge. 37-E Is gas actually connected? Yes When January 7, 1985

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, CR, 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 Tanks: 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. 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]
Agent: [Signature] (Title)
6-1-85 (Date)

OIL CONSERVATION COMMISSION
APPROVED AUG - 7 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE
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

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JUN 17 1985

HOBBS 20723

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LOCATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Blanks Energy Corporation

Address
600 Blanks Building; Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" 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)

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Pennzoil	2	NE Lovington (Penn)	State, Federal or Fee State	OG-4765
Location	Unit Letter	Feet From The	Line and	Feet From The
	B	660	North	1980
			East	
Line of Section	18	Township	16-S	Range
			37-E	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)					
Texas New Mexico Pipeline Company	Box 2528; Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Southern Union Gathering Company	First International Building; Dallas, TX 75201					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	18	16-S	37-E	Yes	January 7, 1981

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.
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 Shoes		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

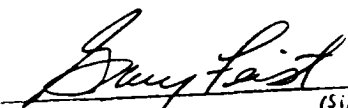
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.



Vice President - Engineering

July 23, 1982

OIL CONSERVATION DIVISION

APPROVED JUL 30 1982, 19

BY ORIGINAL SIGNED BY
JERRY SEXTON
DISTRICT 1 SUPR.

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 deviated 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 multiple completed wells.

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JUL 29 1982

C.C.D.
HIGGS OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2888

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Blanks Energy Corporation

Address
600 Blanks Energy Corporation; Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" 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)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Pennzoil	Well No. 2	Pool Name, Including Formation NE Lovington (Penn)	Kind of Lease State, Federal or Free State	Lease No. OG-4765
Location Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 18	Township 16-S	Range 37-E	N.M.P.M.	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"/> Tesoro Crude Oil Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297; Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) First International Bldg; Dallas, Texas 75201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 18 16-S 37-E
is gas actually connected?	When Yes January 7, 1981

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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (OF, RAB, KT, CR, 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

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.)
Length of Test	Tubing Pressure	Casing Pressure
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

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.

Engineer

July 6, 1982

OIL CONSERVATION DIVISION

APPROVED JUL 13 1982, 19

BY ORIGINAL SIGNED BY

TITLE DISTRICT SUPER.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

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JUL 12 1982

U.S. DEPT. OF JUSTICE
JUL 12 1982

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
Blanks Energy Corporation

Address
600 Blanks Building, Midland, TX 79701

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Pennzoil	Well No. 2	Pool Name, Including Formation NE Lovington (Penn)	Kind of Lease State, Federal or Fee State	Lease No. 06-4765
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>16-S</u> Range <u>37-E</u> , <u>NMD</u> 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"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, TX 75201					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 18	Twp. 16-S	Range 37-E	Is gas actually collected? Yes	When January 7, 1981

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elaborations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

POLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 trip all
oil 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.)	
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

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.

Jim Fawcett
(Signature)

Engineer

(Title)

February 8, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 10 1982, 19

BY Jerry D. Smith

TITLE Dist. 1, Supv.

This form is to be filed in compliance with RULE 1104.

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 RULE 111.

All sections of this form must be filled out completely for al
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condi

Separate Forms C-104 must be filled for each pool in multi
completed wells.

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPROVED DEWELLS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Blanks Energy Corporation

Address

600 Blanks Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☒Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Pennzoil State	2	NE Lovington Penn	State, Federal or Fee State	OG-4765
Location				
Unit Letter	B	660 Feet From The North Line and 1980 Feet From The East		
Line of Section	18	Township 16-S	Range 37-E	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)					
Basin, Inc.	P. O. Box 2297, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	1800 First Int'l Bldg, Dallas, TX 75270					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	18	16-S	37-E	Yes	January 7, 1981

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 Resrv.	Diff. Res.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
June 18, 1980	August 13, 1980	11,530'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3894.1 KB; 3879.1 GL	Penn Lime	11,404'	11,300'					
Perforations	Is gas actually connected?					When		
11,407, 11, 13, 16, 18, 20, 22, 25, 27, 29, 32, 36, 37, 44, 46, 48, 52, 54, 56, 58	Yes					January 7, 1981		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	392'	400 sx					
11 "	8 5/8"	4282'	1400 sx					
7 7/8"	4 1/2"	11530'	1225 sx					

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 all test for this depth or be for full 24 hours)

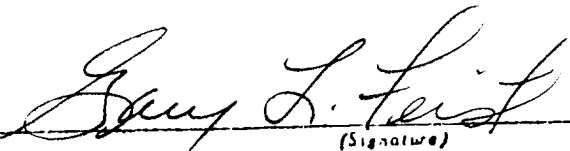
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

1. 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.



Gary L. Feist, Engineer

February 12, 1981

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1981, 19

BY Jerry Sexton

TITLE Dist. L. Sup.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

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RECEIVED

FEB 17 1981

OIL CONSERVATION DIV