	DF COPIES RECEIVED DISTRIBUTION TA FE E .G.S. ND OF FICE ANSPORTER GAS PERATOR	REQUEST F	ONSERVATION COMMISSION OR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
	RORATION OFFICE								
	American Cometra, Inc	•							
	ddress								
	P. O. Box 1749, Midla Reason(s) for filing (Check proper box)		Other (Please explain)						
1	New Well	Change in Transporter of: Oil Dry Gas							
	Recompletion Change in OwnershipX	Casinghead Gas Condens							
L II a	change of ownership give name nd address of previous owner	Blanks Energy Corporati	<u>on, 600 Blanks Buildin</u>	g, Midland, Tex. 79701					
	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.					
Ī	Lease Name Pennzoil	4 NE Lovington.	State Federal	or Fee State 0G-4765					
┢	Location	Ile e te	1000	North					
	Unit Letter <u>E</u> ; 660	Feet From The West Line	and <u>1980</u> Feet From T	he <u>North</u>					
	Line of Section 18 Tow	mship 16-S Range	37-Е , МАРМ, Lea	County					
II 1	SIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approv	description form to to be continued					
 [Name of Authorized Transporter of Oil	X or Condensate	Addiebe (otte endlede te ante ett						
ŀ	Texas New Mexico Pipe Name of Authorized Transporter of Cas	ainghead Gas 🔀 or Dry Gas 🗌	Box 2528: Hobbs, New Me Address (Give address to which approv	ed copy of this form is to be sent)					
	Southern Union Gather	ring Company	First International Bui						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 18 16-S 37-E		anuary 6, 1982					
נ 1 1 V . <u>1</u>	f this production is commingled wit COMPLETION DATA	th that from any other lease or pool, g	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completic	on = (X)							
ł	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
ł	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
			<u> </u>	Depth Casing Shoe					
	Perforations								
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT					
	HOLE SIZE								
v .	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 houre)								
i	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)					
		Tubing Pressure	Casing Pressure	Choke Size					
	Length of Test		Water-Bbls.	Gas - MCF					
	Actual Prod. During Test	Oil-Bbls.	Water - Bois.						
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Actual Prod. Test-MCF/D			Choke Size					
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Chore Size					
	ODDERGATE OF COMBINA		OIL CONSERVA	TION COMMISSION 7 1985					
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			7 1985					
				D BY JERRY SEXTON					
	above is true and complete to th	be best of my knowledge and belief.	BYDISTRICT	SUPERVISOR					
			TITLE	compliance with mult # 1104					
	And Mag			compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation					
	- V Was U Milion	nature)	well, this form must be accomp	ordance with RULE 111.					
	Agent		All sections of this form m	ust be filled out completely for allow- vells.					
	(Title) 6-1-85 (Date)		Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.						

28:020 50 JUN 11 1985

STATE OF NEW MEXICO	CONSERV	ATION DIVISIC	Form Revis	C-104 ed 10-1-78					
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5ANTA 78	SANTA FE, NEV	W MEXICO 87501							
U 1.U.1.									
TRANSPORTER OIL GAU	REQUEST FOR ALLOWABLE								
UPERATOR PROMATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
Blanks Energy Corporat	Blanks Energy Corporation								
Aduress	Jress								
600 Blanks Building; N		Other (Pirase explu							
New Well	Change in Transporter of:								
Recompletion Change in Ownership	Cill X Dry Go Casinghized Gas Conde	E I							
If change of ownership give name and address of previous owner									
, DESCRIPTION OF WELL AND	LEASE		ol Lease	Lease No.					
Pennzoil	4 NE Lovington		Foderal or Foo State	0G-4765					
Location									
Unit Letter <u>E</u> : <u>6</u>	60 Feel From The West Lir	no and <u>1980</u> Fee	From The North						
Line of Section 18 To	wnahlp 16-S Pange	37-Е , ММРМ,	Lea	County					
- NECTON LTION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS							
Name of Authorized Transporter of Oll	X or Condensate	Andress (Live address to which		is to be sentj					
Texas New Mexico Pipe	ine Company singhead Gas 🛐 or Dry Gas 🗍	Box 2528; Hobbs, Ne Address (Give address to white	W Mexico 88240 A approved copy of this form	is to be sent)					
Southern Union Gatheri	ing Company	First International	Building; Dallas	<u>, TX 75201</u>					
If well produces oil or liquids, give location of tonks.	Unit Sec. Twp. Rge. B 18 16-S 37-E	Yes	January 6, 1	982					
	th that from any other lease or pool,		•						
COMPLETION DATA	Oll Well Gas Well	New Well Workever Der		Restv. Dill, Rostv.					
Designate Type of Completio	on — (X) i j Date Comol, Roady to Prod.	Total Cepth							
Licte Spuided	Data Campir, Haddy to Piod.								
Elevations (DF, RKB, RT, GR, etc.)	Mame of Producing Formation	Top Oll/Gas Pay	Tubing Depth						
Perforations			Depth Casing Shoo						
	TURNO CISINO IN	CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS (CEMENT					
		fter recovery of total volume of	l cad oil and must be equal to	or exceed top allow					
. TEST DATA AND REQUEST FO	able fo : de	Producing Meinod (Flow, pump							
Date First New Oil Hun To Tanks	Data of Test	Producing Rickinse (Front Print							
Langth of Test	Tubing Pressure	Casing Pressure	Choke Size						
Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF						
		<u> </u>	· · · · · · · · · · · · · · · · · · ·						
GAS WELL									
Actual Prod. Test-MCF/D	Longth of Test	Bbla. Condensate/MMCF	Gravity of Condeni	iale					
Testing Method (pilot, tack pr.)	Tubing Procowo (Bbut-in)	Cosing Pressure (Shut-13)	Choke Size						
. CLETIFICATE OF COMPLIANC	L CE	DIL CONSI	ERVATION DIVISION						
	,	APPROVED JUL 30 1982							
I hereby certify that the rules and r Division have been complied with	and that the information given								
hivision have been complete to the	best of my knowledge and belief.								
1 N		TITLE DISTRICT I SUPR, This form is to be filed in compliance with RULE 1104.							
Dan Find			in the stimulation of the stimulation of the state of the						
(Signa	ntwe)	tests taken on the well 1	If this is a request to another by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for show-						
<u>Vice Pres</u> <u>lent - Engi</u>	neering le)	I alle on new and recompl	eted welle.						
July 23, 382	101	I wall name or number, or if	ns I, II, III, and V) for a anaporter, or other such ch						
())	,	Separete Forme C-11 completed wells.	04 must be filed for each	h pool in multiply					

RECEIVED JUL 29 1982 O.C.D. HOBBS OFFICE

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	P. O. BO SANTA FE, NEV							
11.8	U.S. U.S.							
TRANSPORTER DIL UAD		ND	JRAL GAS					
OPERATOR PRUNATION OFFICE								
Blanks Energy Corpor								
600 Blanks Building; Reason(s) for filing (Check proper box	Midland, Texas 79701	Other (Pleas	e explainj					
New Well	Change in Transporter of: Oil X Dry Co							
Change in Ownership t	Casinghead Gas Conden				<u></u>			
If change of ownership give name and address of previous owner			4- 1000		•			
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo 4 NE Lovington		Kind of Lease State, Federal	or Fee State	Leans No. 0G-4765			
		3.000		•North				
Unit Letter E :66			1		County			
		S						
Varie of Authorized Fransporter of Oth	TER OF OIL AND NATURAL GA	Aldress forre states						
Tesoro (Tude de iame of Authorized Transporter of Ca		P. O. Box 2297; Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent) First International Building; Dallas, IX 75201						
Southern Union Gathe	Unit Sec. Twp. Rge.	Is gas actually connec Yes	ited? When	January_6,				
the location of tanks.	B 18 10-5, 37-E ith that from any other lease or pool,		er number:					
OMPLUTION DATA Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover	Deopen	Plug Bock Some fie	25'v. 'Diff. Roz'			
Nate Spuddød	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
levations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Dopth				
Perforations				Depth Ocsing Shoe				
	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECO		SACKS DE	MENT			
HOLE SIZE								
TEST DATA AND REQUEST F	FOR ALLOWABLE - (Test must be a abl- for this de	fier recovery of rotal vol spih or be for full 24 hou	iume of load oll a rs)	nd russ bs equal to or	· azcoud top allo			
Date First New Cil Hun To Tenks	Date of Trat	Producing Kiethod (Flo		Choxe Sizo				
Length of Test	Tubing Piessue	Casing Prezawo		Gas - MCF				
Actual Prod. During Test	Oii-Bbis.	Water-Bbls.						
GAS WELL			~5	Gravity of Condensa				
Actual Frod. Tool-MCF/D	Length of Test	Bbla. Condensate/MM Cosing Pressure (Shu		Choke Size				
Testing Method (pirot, back pr.)	Tubing Presewo (gbut-in)			ION DIVISION				
CERTIFICATE OF COMPLIAN			JUL 1 3 19	182	19			
	regulations of the Oil Conservation h and that the information given is best of my knowledge and belief,	BY						
scove is true and complete to th		TITLE	Marine Mar	<u></u>				
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Engineer	nature)	woll, this form mu	ist be accompany wall in accom	the filled out com	111.			
	ilio)	able on new and	recompleted we	11. and MI for c)	anves of own			
	)aie)	If a straight of build	Der of trainsport	. De filed for each	-			

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