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	GAS	
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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 1-1-85

Operator American Cometra, Inc.	
Address P. O. Box 1749, Midland, Texas 79702	
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 Blanks Energy Corporation, 600 Blanks Building, Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name State 7	Well No. 1	State, Federal or Fee State	LG 6348
Location Unit Letter <u>N</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u>			
Line of Section <u>7</u> Township <u>16-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
<u>Southern Union Gathering</u>	<u>First International Bldg; Dallas, Texas 75201</u>					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
<u>Southern Union Gathering</u>	<u>First International Bldg; Dallas, Texas 75201</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>7</u>	Twp. <u>16-S</u>	Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u>	When <u>2-15-82</u>

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, GR, 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

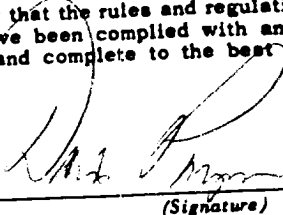
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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)

Agent

(Title)

6-1-85

(Date)

OIL CONSERVATION COMMISSION

AUG - 7 1985

APPROVED

BY

ORIGINAL SIGNED BY JERRY SEXTON

TITLE

DISTRICT I SUPERVISOR

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.

STATE OF NEW MEXICO
DEPARTMENT OF
OIL CONSERVATION
STAFF
FILE
CODE
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE
REGULATOR

OIL CONSERVATION DIVISION

P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

Form O-104
Revised 10-1-83

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Blanks Energy Corporation

Address
600 Blanks Building; Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recumulation ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name
State 7
Well No. 1
Pool Name, Including Formation NE Lovington (Penn)
Kind of Lease State, Federal or Fee State
Lease No. LG-6348
Location
Unit Letter N
1980 Feet From The West Line and 660 Feet From The South
Line / Section 7
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 ☐
Scurlock Oil Company
Name of authorized Transporter of Gas/cond Gas ☒ or Dry Gas ☐
Southern Union Gathering
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 4648; Houston, TX 77210
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 Sec. Twp. Rge. Is gas usually condensed? When
N 7 16-S 37-E Yes 02-15-82

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETE OIL DATA

Designate Type of Completion - (X)
Date Completed Date Casing Ready to Prod. Yield (bbls/day)
Allowances (DF, TH, AT, GR, etc.) Name of Producing Formation Test Interval Pay
Perforations
TUBING, CASING, CEMENT, OTHER RECORD
HOLE SIZE CASING & TUBING SIZE CEMENT 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 to the full depth)

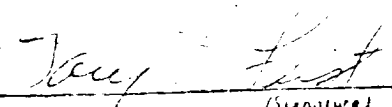
Date First Flow Oil Run To Tanks Date of Test Producing Method (Flow, pump, lift, etc.)
Length of Test Testing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Date Condensate/Gas/D
Testing Method (piston, back pr.) Testing 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
August 15, 1984
(Date)

OIL CONSERVATION DIVISION

AUG 23 1984

APPROVED
BY Eddie W. Seay
Oil & Gas Inspector
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 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 recompleting 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 conditions.
Separate Form O-104 must be filed for each pool in multi-completed wells.

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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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	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Condensate Gas	☐

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.
State 7	1	NE Lovington (Penn)	State, Federal or Free State	LG-6348
Location				
Unit Letter	N	1980 Feet From The West Line and 660 Feet From The South		
Line of Section	7	Twp. 16-S Range 37-E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Southern Union Gathering Co.	First International Bldg; Dallas, Texas 75201					
Name of Authorized Transporter of Condensate Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Southern Union Gathering	First International Bldg; Dallas, Texas 75201					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Req.	Is gas actually connected?	When
	N	7	16-S	37-E	Yes	02-15-82

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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth						
Elevations (DF, RNB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay						
Perforations								

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)

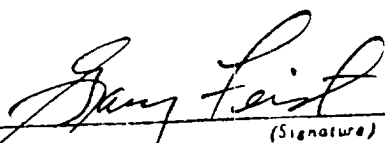
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.



Vice President - Engineering

August 13, 1982

(Date)

OIL CONSERVATION DIVISION
AUG 23 1982

APPROVED _____, 19____

BY _____ ORIGINAL SIGNED BY

TITLE _____

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 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 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.

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Blanks Energy Corporation

Address
600 Blanks Building; Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State "7"	Well No. 1	Pool Name, including Formation NE Lovington (Penn)	Kind of Lease State, Federal or Fee	Lease No. LG-6348
Location Unit Letter N ; 1980 Feet From The West Line and 660 Feet From The South Line of Section 7 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 ☐ 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 ☒ or Dry Gas ☐ 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. N 7 16-S 37-E	Is gas actually connected? When Yes 02-15-82

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, 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	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.

Engineer

July 6, 1982

OIL CONSERVATION DIVISION

APPROVED JUL 13 1982

BY ORIGINAL SIGNED BY

JERRY SEXTON

TITLE DIRECTOR

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 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 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.

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Blanks Energy Corporation

Address
600 Blanks Building; Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Gashead Gas ☐ Condensate ☐

Other (Please explain)

Specify Date of Gas Sales Line
ConnectionIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State "7"	Well No. 1	Pool Name, Including Formation NE Lovington (Penn)	Kind of Lease State, Federal or For State	Lease No. LG-6348
Location Unit Letter N : 1980 Feet From The West Line and 660 Feet From The South				
Line of Section 7 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 ☐ Basin, Inc.	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 Gashead Gas ☒ or Dry Gas ☐ 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 N	Sec. 7	Twp. 16-S	Rge. 37-E	Is gas actually connected? Yes	When 02-15-82

If this production is commingled with that from any other lease or pool, give commingling order number

COMPLETION DATA

Designate Type of Completion - (A)	Oil Well ☒	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug Back ☐	Other (Specify)
Date Spudded	Date Completed, Ready to Prod.		Total Depth		ASB/D.		
Elevations (LF, RAG, RT, GH, etc.)	Type of Producing Formation		Top Oil/Gas Pay		Casing Depth		
Perforations					Depth Casing Elong		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

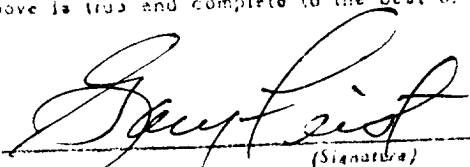
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or 24 for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Testing 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 (prior, back pr.)	Testing 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

June 23, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 25 1982, 19

BY ORIGINAL SIGNATURE

TITLE JERRY L. LEE

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 allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner-
ship, name or number of 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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OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE	
FILE	
CLASS.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Blanks Energy Corporation

Address
600 Blanks Building, Midland, TX 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Qualinghead Gas ☒ Condensate ☐
Change in Ownership ☐	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State "7"	Well No. 1	Pool Name, including Formation NE Lovington (Penn)	Kind of Lease State, Federal or Fee	Lease No. LG-6348
Location Unit Letter N 1980 Feet From The West Line and 660 Feet From The South 7 16-S 37-E Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☒ or Dry Gas ☐ 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 N Sec. 7 Twp. 16-S Rge. 37-E	Is gas actually connected? No When 14 to 21 days

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	Some Resiv.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DE, RUE, RE, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Penetrations			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

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 - Ebbls.	Water - Ebbls.	Gas - MCF

GAS WELL

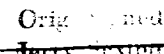
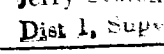
Actual Prod. Test - MCF/D	Length of Test	Ebbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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
February 8, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED  1982, 19
BY 
TITLE 

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 device 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.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.