

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Bliss Petroleum, Inc.	
Address P. O. Box 1817, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Request for allowable for Dean Permo Penn of 445 BOPD	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARCO State	Well No. 1-Y	Pool Name, including Formation Dean Permo Penn	Kind of Lease State, Federal or Fee State	Lease No. E-1075
Location				
Unit Letter <u>E</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>930</u> Feet From The <u>West</u>				
Line of Section <u>35</u> Township <u>15S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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"/> Tesoro Crude Oil	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, TX 78229	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3179, Midland, TX 79702	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>35</u>
	Twp. <u>15S</u>	Rge. <u>36E</u>
	Is gas actually connected? <u>No</u> When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Paul Bliss
(Signature)
President
(Title)
12-30-85
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 17 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-30-85	Date Compl. Ready to Prod. 12-14-85		Total Depth 13,788		P.B.T.D. 13,048				
Elevations (DF, RKB, RT, GR, etc.) 3861.5 GL 3880 RKB		Name of Producing Formation Strawn		Top Oil/Gas Pay 11,492		Tubing Depth 11,347'			
Perforations 11,492-11,526 (68 - 1/2" holes @ 2 JSPF)						Depth Casing Shoe 13,788'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
26"	20", 169#		217'		575 - circ.				
17 1/2"	13 3/8", 61#		2052'		1600 - circ.				
11"	8 5/8", 32#		4842'		2 stage - 1450				
7 7/8"	5 1/2", 23 & 17#		13,788'		2 stage - 2250				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 12-12-85	Date of Test 12-30-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 600	Casing Pressure 0	Choke Size 18/64"
Actual Prod. During Test 362	Oil - Bbls. 362	Water - Bbls. 0	Gas - MCF 431

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