

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form C-104
Revised 10-01-78
Format GS-C104
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 type="checkbox"/> New Well	Change in Transporter of:	Request test allowable for month of January of 7750 BO.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

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	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

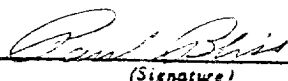
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, TX 89297	
Name of Authorized Transporter of Casinghead Gas <input 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.


(Signature)

President
(Title)

1-2-86
(Date)

OIL CONSERVATION DIVISION
JAN 2 - 1986
APPROVED _____, 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.

None of the above must be filled out completely for allowable in new and existing 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.

RECEIVED

JAN 2 - 1986

O.C.D.
HOBBS OFFICE