

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|--|
| Operator Bledsoe Petro Corporation | |
| Address 3908 N PENIEL # 320 BETHANY, OK 73008 4545 First City Center 1700 Pacific Avenue Dallas, TX 75201 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change In Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change In Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> & operator |

If change of ownership give name
and address of previous ownerBHP Petroleum (Americas) Inc. 6 Desta Drive Suite 3200 Midland, TX
79705

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|-----------|
| Lease Name T. P. State | Well No. 1 | Pool Name, Including Formation Vaccum ABO Reef | Kind of Lease State, Federal or Fee State | Lease No. |
| Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line of Section 8 Township 18-S Range 35-E, NMP, Lea 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"/> Texas-New Mexico Pipeline | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company 66 Natl Gas | Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762 | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. I 8 18-S 35-E | Is gas actually connected? When Yes 2-6-80 |

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

V. 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 Camp. 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 |
| | | | |
| | | | |
| | | | |
| | | | |

VI. 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)

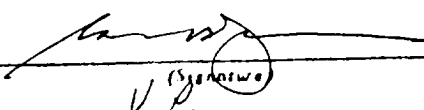
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-bbls. | Water-bbls.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

GAS WELL

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


(Signature)
7/30/87
(Date)
Effective Date of June 1, 1987

OIL CONSERVATION DIVISION

APPROVED

SEP 30 1987

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 deviated
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 own-
er, well name or number, or transporter, or other such change of condi-
tion.

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