

OIL CONSERVATION DIVISION

P. O. BOX 2297

SANTA FE, NEW MEXICO 87501

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:
Recompletion: ☐ Oil: ☐ Dry Gas: ☐
Change in Ownership: ☐ Condensate: ☐

Other (Please explain)

CONDENSED GAS MUST NOT BE
PLACED UNDER
2/6/81
UNLESS AN EXCEPTION TO 8-400
IS OBTAINED.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.
Honeysuckle	1	South Vacuum Devonian	State, Federal or Fee State	LG-963
Location				
Unit Letter	B	660 Feet From The North Line and 2084 Feet From The East		
Line of Section	21	Township 18-S Range 35-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)					
Basin, Inc.	P.O.Box 2297, Midland, Texas 79701					
Name of Authorized Transporter of Condensate ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	B	21	18-S	35-E	No	--

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

COMPLETION DATA

Designate type of Completion - (X)	X	Gas Well	New Well	Workover	Recompletion	Recompletion	Recompletion
Date Completed	08-01-80	Date Completed to Prod.	12-06-80	Total Depth	11,815'	11,796'	
Elevation (DB, HGS, RT, CR, etc.)	3918'GL; 3932' KB	Name of Producing Formation	Devonian	Top Oil/Gas Pay	11,744'	11,388'	
Perforations	11,744-50'					11,812'	

LOGGING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS CEMENT
17 1/2"	13 3/8"	398'	450
11 "	8 5/8"	4800'	1700
7 7/8"	5 1/2"	11812'	450

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of fluid oil and must be representative of overall test allowable for this depth or be for full 24 hours)

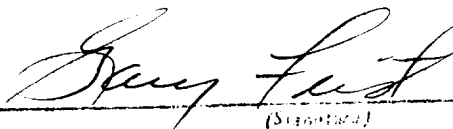
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, jet, etc.)	
12-06-80	12-17-80	Flowing	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
24 hrs	10#	Pkr	32/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
622 BO	622	-0-	TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MACF	Gravity of Condensate
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.



Engineer

12-18-80

(Date)

OIL CONSERVATION DIVISION

APPROVED

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 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 Form O-104 must be filed for each pool in multiply completed wells.