

District I
 PO Box 1900, Hobbs, NM 88241-1900
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Amec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

Form C-104
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Blake Production Company, Inc. P.O. Box 1953 Edmond, OK 73083		OGRID Number 002538
		Reason for Filing Code CO <i>2-1-95</i>
API Number 30-025-22513	Pool Name <i>West</i> Osudo Morrow	Pool Code 82240
Property Code 00218	Property Name Southeast Lea Unit	Well Number 002

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
L	25	20S	35E		1830	South	660	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

Lea Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
012852	Koch Oil Company P.O. Box 2256 Wichita, KS 67201	<i>0615210</i>	0	1-25-20S-35E
		<i>0615230</i>	6	

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

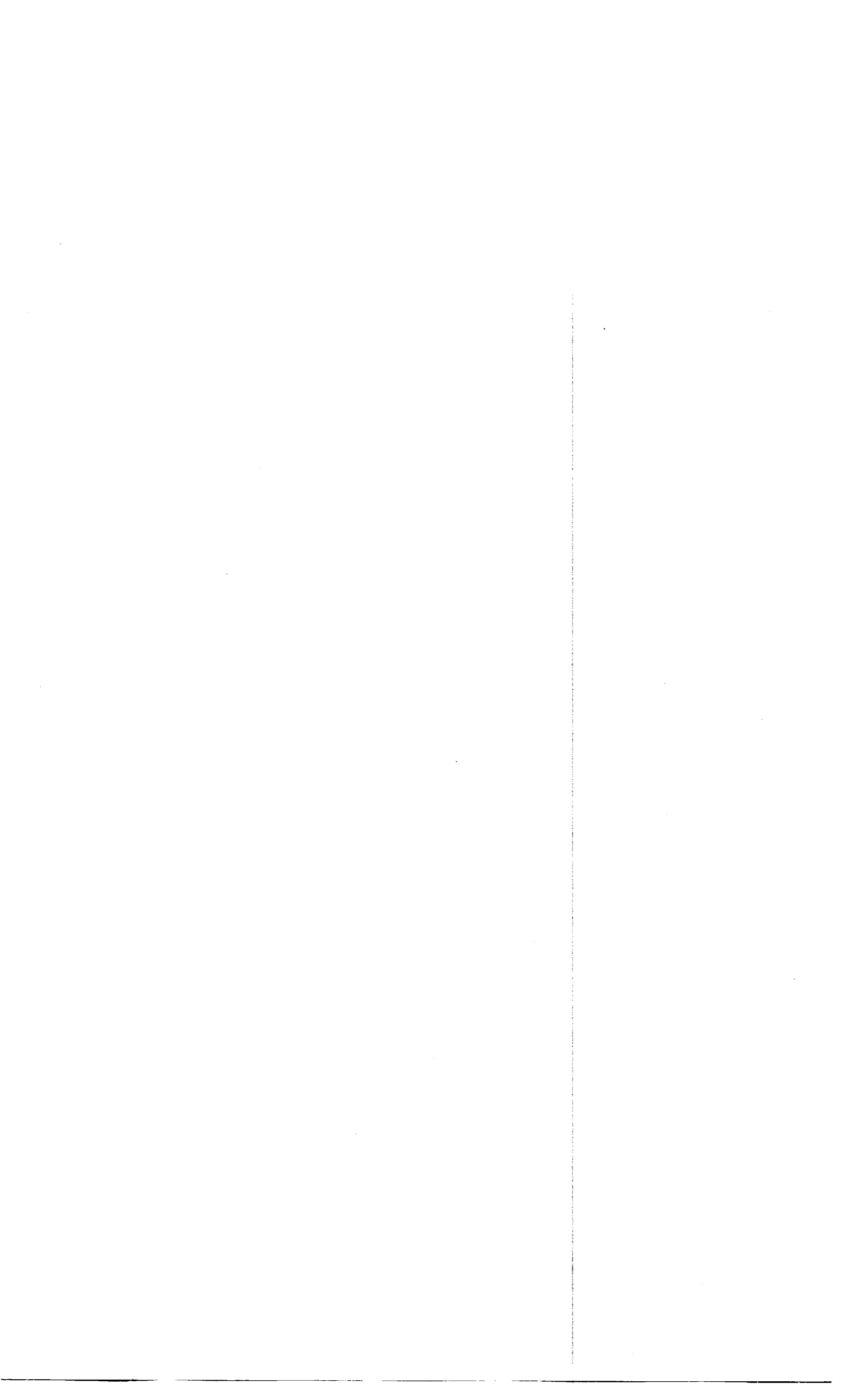
I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *N. Blake Vernon*
 Printed name: N. Blake Vernon
 Title: President
 Date: 2/1/95 Phone: (405) 359-2060

OIL CONSERVATION DIVISION
 Approved by: ORIGINAL SIGNED BY JERRY SEXTON
 Title: DISTRICT SUPERVISOR
 Approval Date: FEB 15 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Aztec, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR

Operator: Blake Production Co., Inc. Well API No. 30-025-22513

Address: 11826 Meadowdale, Stafford, Texas 77477

Reason(s) for Filing (Check proper box):
 New Well
 Recompletion
 Change in Operator
 Change in Transporter of:
 Oil Dry Gas
 Casinghead Gas Condensate Other (Please explain)

If change of operator give name and address of previous operator: Graham Royalty Ltd.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Southeast Lea Unit</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Lea Wolfcamp, SE (gas)</u>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. <u>OG3824</u>
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Location: Unit Letter L : 660 Feet From The West Line and 1830 Feet From The South Line
 Section 25 Township 20S Range 35E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Sun Refining & Mkt</u>	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>PO BOX 2039 Tulsa, OK 74102</u>
Name of Authorized Transporter of Casinghead Gas <u>Llano, Inc.</u>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>921 W. Sanger Hobbs, NM 88240</u>

If well produces oil or liquids, give location of tanks.	Unit <u>V</u>	Sec. <u>26</u>	Twp. <u>20</u>	Rge. <u>35</u>	Is gas actually connected? <u>YES</u>	When? <u>5/16/68</u>
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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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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 (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 Tank	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

VI. OPERATOR 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: Blake Vernon
 Printed Name: Blake Vernon Title: President
 Date: 6-25-92 Telephone No.: (713) 530-8077

OIL CONSERVATION DIVISION

Date Approved: JUL 07 '92
 By: _____
 ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 Title: _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Blake Production Co., Inc.	Well API No. 30-025-22513
Address 11826 Meadowdale, Stafford, Texas 77477	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator <u>Graham Royalty Ltd</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Southeast Lea Unit	Well No. 2	Pool Name, Including Formation Osudo Morrow, W. (Gas)	Kind of Lease <u>State</u> Federal or Fee	Lease No. 0G3824
Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1830</u> Feet From The <u>South</u> Line Section <u>25</u> Township <u>20S</u> Range <u>35E</u> ,NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Sun Refining & Mkt</u>	<u>PO Box 2039 Tulsa, OK 74102</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Llano, Inc.</u>	<u>921 W. Sanger Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	<u>V</u> <u>26</u> <u>20</u> <u>35</u> <u>YES</u> <u>5/16/68</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
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Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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Blake Vernon
 Signature
 Printed Name Blake Vernon Title President
 Date 6-25-92 Telephone No. (713) 530-8077

OIL CONSERVATION DIVISION

Date Approved JUL 07 '92

By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

Title _____

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