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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		IO IHAN	SPORT OIL	L AND NA	TURAL G						
	Bruto	n				- 1	API No. O— O.2 S	- 261	07 /		
Address			, ,		G - 4 -						
Reason(s) for Filing (Check proper bax)	ma		bbs, N	M 88	8240 ner (Please expl						
New Well				∐ Ou	ner (Please expl	ain)					
!! = =		Change in Tr	. —			1.					
Recompletion	Oil	_	y Gas 🖳			1					
Change in Operator	Casinghead	Gar 🗀 Co	andensate 🔲			·					
If change of operator give name and address of previous operator	iss Pe	troleu	m Corp.	ration	P.O.Bu	× 1817	Hubbs	NM 8	8241		
II. DESCRIPTION OF WELL	AND LEA	SE			,	7	7	,	<i>Q.</i> 2. 1		
Lease Name		Well No. Po	ol Name, Include	ing Formation		Kind	of Lease	L	ease No.		
Sinclair State	Vates	7R, Q1	State,	Federal or Fee		501					
Location				7					301		
Unit Letter	_: <u>9</u> 9	0 Fe	et From The	COLA Lin	e and _23/	1 <i>0</i> F	et From The	West	 Line		
Section 24 Townshi	p 21-3	S Ra	nge 3.5-1	<u> </u>	мрм, Д	ea			County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OIL	AND NATU	RAL GAS							
1;		Address (Giv	re address to wh	ich approved	copy of this fo	rm is to be si	eni)				
Scurlock Permia	1 Cox	2	, = 7	POB 4648, Houston TX 77210							
Name of Authorized Transporter of Casing	ghead Gas "	or 🔀	Dry Gas	Address (Give address to which approved copy of this form is to be sent)							
GPM Gas Service	es Co.			4044 Penbrook Odessa Tx 19762							
If well produces oil or liquids,		Sec. Tw	The Rose	is gas actuali	V 0000000000	When	2332/	X_17/3	52		
give location of tanks.	i N i	, ,	1-5 35-E		s considered?	I when		20			
If this production is commingled with that	from any other			10	<u>:</u>		10-30-	79			
IV. COMPLETION DATA		i tease of pool	, give commingi	ing order num	ber:				· · · · · · · · · · · · · · · · · · · 		
Designate Type of Completion	- (20)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
		L	L	<u> </u>	1		1				
Date Spudded	Date Compl	. Ready to Pro	d.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Forma	tion	Top Oil/Gas	Pay		Tubing Depth				
Perforations							Depth Casing Shoe				
								,			
	π	JBING, CA	SING AND	CEMENTI	NG RECOR	D	<u></u>				
HOLE SIZE		ING & TUBIN		DEPTH SET				ACKE CELI	CNT		
					DEI III DEI		3	ACKS CEM	<u> </u>		
							! !				
V. TEST DATA AND REQUES	T FOR AI	LOWABI	Æ		-		<u> </u>				
OIL WELL (Test must be after re				be equal to or	exceed ton allo	unhla for this	death on he fo		1		
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pur	na ace life e	repin or be jo	r juli 24 now	3)		
				Troubeing ivie	uiou (riow, pw.	nφ, gas iyi, ε	<i>C.</i> j		į		
Length of Test	Tubing Press			Casing Pressu							
	raving rices	M1C		Casing Pressu	TE		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Ut . Dis							
	Oil - Buis.			Water - Bbis			Gas- MCF				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	et .		D							
	Lagur Or 16	•ot		Bbls. Condens	sate/MMCF		Gravity of Co	ndensate			
Testing Mathod (nited heat m)	Tuking been	76									
Tubing Pressure (Shut-in)				Casing Pressu	ne (Shut-in)		Choke Size				
/I OPERATOR CERTIFIC		201 =====									
VI. OPERATOR CERTIFICA						05014					
I hereby certify that the rules and regulations of the Oil Conservation				(IL CON	SEHVA	THON L	NVISIO	N		
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date Approved MAR 2 9 1993						
					, ippi oved	· · · · · · · · · · · · · · · · · · ·					
Kalph V/9	won				Finimisias -	Mark Harris	4 2/2 pm == -				
Signature RALLO P	1			By	OMGINAL !	"我们的"。	JUSAY SE	XTON	···		
Printed Name	cuton		ner		*A-T	.967 SU	1921/00/2		-		
03-01-93		Tide		Title			1				
Date 03-01-73	203-	397-7									
		Telephone	: No.]							

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.

RECEIVEG MAR 2 5 1993

JANA HOBBS OFFICE

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

- •		. 🔾	11101		. ///// / ///	I OI IAL G	10			
Operator			···		·····		ı	API No.	· · · · · · · · · · · · · · · · · · ·	
Bliss Petroleum	Corpo	oratio	on				3	0-025-2	26107	
Address										
P. O. Box 1817,	Hobbs	s, NM	8	8241						
Reason(s) for Filing (Check proper box)			_	_	[] Oth	et (Please explo	ain)			
New Well	0.1	Change in	•			Operate	or name	e chans	ge only	7
Recompletion	Oil Coolanter	اسا اسا معرور	Dry Ga			from Bl				
Change in Operator ** f change of operator give name REC		d Gas 🔀			O Poss			<u>-</u>		
and address of previous operator	Corpo		<u></u>	Р.	0. Box	1392	and	1, 1X	79702	
II. DESCRIPTION OF WELL	AND LEA									
Lease Name Sinclair State Well No. 2 Pool Name, Includ					ng Formation Yates	SR Queer	Kind (State)	of Lease Lease N Federal or Fee B-1581		25c No. 08 I
Location			1	77 11.11						***************************************
Unit Letter N	_ : <u>9</u> 9	90	Feet Fi	rom The	SouthLin	e and23	10 Fe	et From The	West	Line
Section 24 Township	219	S	Range	35E	, N	мрм,	Lea			County
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU						
Name of Authorized Transporter of Oil Permian		or Conden	sate		Address (Giv P.O.	e address to wh Box 11	hich approved 83 Hot	copy of this fo 1ston,	orm is to be se	^{nu)} 77001
Name of Authorized Transporter of Casing	thead Gas	x	or Dry	Gas	Address (Giv	e address to wh	hich approved	copy of this fo	orm is to be se	nt)
GPm Phillips 66 Nat	ural (Gas C	ORP T	لببيا)	Penbro		Odessa		79762
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 24	Twp. 218	Rge.		y connected?	When		,	
f this production is commingled with that f	rom any oth	er lease or	L	_	ing order num	ber:				
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 Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.		L
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	rmation		Top Oil/Gas	Pay		Tubing Depth		
Perforations					Depth Casing Shoe					
	•							'		
	T	UBING,	CAST	NG AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CAS	SING & TL	BING S	SIZE		DEPTH SET			ACKS CEME	ENT
									···	·
									· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUES					<u> </u>			l		
OIL WELL (Test must be after re	covery of to	tal volume	of load o	oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 how	·s.)
Date First New Oil Run To Tank	Date of Tes					thod (Flow, pu				
Length of Test	Tubing Pres	ssure			Casing Pressu	re		Choke Size		
Actual Prod. During Test	Oil - Bbls.	······································			Water - Bbls.	· · · · · · · · · · · · · · · · ·		Gas- MCF		
CA CAMPA										
GAS WELL Actual Prod. Test - MCF/D	17				re			,		
Actual Prod. Test - MCP/D	Length of T	est			Bbls. Conden	sate/MMCF		Gravity of C	ondensate	
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
T 0000	L				ļ		· · · · · · · · · · · · · · · · · · ·			
I. OPERATOR CERTIFICA				ICE	ے ا	NI CON	CEDV	TION	N//OIO	
I hereby certify that the rules and regular	tions of the	Oil Conserv	ation		.	DIL CON	DEHVA			'N
Division have been complied with and the is true and complete to the best of my kn	nat the information and allowed	mauon give d belief	n above					î	IDB 08	
		- ooner.			Date	Approved				
(The I Re	أرز					1.1	g. Signed	p A		
Signature Signature					By		aul Kaut			
Paul Bliss -	Pres	ident				,	Geologist	Ç		
Printed Name		~ -	Title		Title					
01-01-92 Date	(50		93-7 hone N		Title					

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- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
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OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWARI F AND ALITHORIZATION

I.	TIL CO		NSPORT OIL		_					
Operator	·	IO INAI	13FORT OIL	- 7110 117	TORAL G		API No.			
BEC Corporat				30-025-26107						
Address			··· <u> </u>							
P.O. Box 139	} 2	Midlar	nd, Texas	7970	2					
Reason(s) for Filing (Check proper box)			[01	ner (Please expl	ain)				
New Well			Transporter of:	Retur	ning Ope	rations	to			
Recompletion	Oil	_	Dry Gas 📙	BEC C	orporati	on				
Change in Operator	Casinghead	d Gas []	Condensate							
If change of operator give name and address of previous operator										
•	I AND I D	CE '								
II. DESCRIPTION OF WELL Lease Name	L AND LEA		Pool Name Include	ina Ecomotica		Vind.	of Lease	1	ease No.	
Sinclair State							Federal or Federal	1		
Location							oua ce			
Unit Letter N	:99	<u>0 </u>	Feet From The Sc	outh Li	e and2	310 Fe	et From The	West	Line	
Section 24 Town	ship 21S		Range 35	Œ, N	мрм,	Lea			County	
III DECICALATION OF THE	NICDAN TOTAL	D OF OU		DAT C: 0						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Condens			ve address to wi	hich annema	come of this f	orm is to be se	ent)	
D				Box 11		ston, Te		7001	/	
Name of Authorized Transporter of Car	HMAN CORF		or Dry Gas	 	ve address to wi			·	ent)	
Phillips 66 Natura				1	enbrook		Texas			
If well produces oil or liquids,	Unit		Twp. Rge.	7	y connected?	When	· · · · · · · · · · · · · · · · · · ·	17106		
give location of tanks.	N	I .	21S 35E	Yes		i	10-30-	7 9		
If this production is commingled with th	at from any other	er lease or po	ool, give comming	ing order nurr	ber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Decree	Diug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	_i	İ	Workover	Deepen		Same Kes v		
Date Spudded	Date Comp	l. Ready to F	70a.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Tubing Depth			
Perforations	L		***	Depth Casing Shoe						
	Т	UBING, C	CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMI	ENT	
					····					
					·····					
V. TEST DATA AND REQUI	COT FOD A	I I OWAI	DIE	l		····				
				he savel to a	avasad tan alla	wahla fan this	damih an ha é	for full 24 hour	1	
Date First New Oil Run To Tank	Date of Test		load oil and must		ethod (Flow, pu			or juli 24 how	(3.)	
	Date of Tes	•		i rocacing ivi	culou (r tow, pa	<i>σ</i> , β ω , ε	,			
Length of Test	Tubing Pres	sure		Casing Press	ıre		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL		***		<u> </u>			<u></u>			
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Conder	sate/MMCF	·.	Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)	Casing Pressure (Shut-in)			Choke Size			
UI OPER LEGR CONT				1			<u> </u>			
VI. OPERATOR CERTIFI				(DIL CON	SERVA		טואופור	MI	
I hereby certify that the rules and reg Division have been complied with an									/ I ¥	
is true and complete to the best of m	u urat the inform y knowledge aw	nauon given d belief.	acove	_						
	ند			Date	Approve	d				
Tem. Va	Huse									
Signature	=/1	<u> </u>		By_	A _{min} visa	•				
George Van Hus	en	Agent								
Printed Name 8-7-91	915 68	т 32 –1 828	itle	Title			····		·	
Date	,_, 00		one No.							

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