STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

		T	
DISTRIBUTION		T-	Ι
SANTA FE		E	
FILE			
U.8.0.8.			
LAND OFFICE			
TRANSPORTER OIL			
	GAE		
OPERATOR		Ţ.	
PROBATION OFFICE			

T

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				
Blanco Engineering, Inc.				
Address				
116 North First, Artesia, New Mexico 882	210			
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:				
Recompletion Oil Dr	y Gcs Same Purchasers			
Change in Ownership Casinghead Gas Ca	ondensate			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name, Including F	ormation Kind of Lease Lease No.			
Gulf Hill 5 Blinebry	State, Federal or Fee Fee			
Location				
Unit Letter S : 1650 Feet From The South Lin	e and 2310 Feet From The West			
Unit Letter				
Line of Section 4 Township 215 Range	37E , NMPM, Lea County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	, GAS			
Name of Authorized Transporter of OII X or Condensate Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation P. O. Box 1183 Houston, TX 77251				
Hame of Authorized Transporter of Casinghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
	P. 0. Box 3000 Tulsa, Okla 74102			
Texaco Producing Inc.	Is gas actually connected? When			
If well produces oil or liquids, N 4 21S 37E	Yes September 5, 1986			

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.



OIL C	ONSERVATION	DIVISION	
APPROVED	NOV 5	1986	19
BY ORIGINAL		· • · -	
511D11	THICT I MUREEWS	08	

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 Forme C-104 must be filed for each pool in multiply completed wells.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Designate Type of Completic	x = (x)	X	1	X	1	!
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		<u> </u>
6/12/85	9/5/86	7250		6000		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
3474GR	Blinebry	5641		5900		
Perforations	· · · · · · · · · · · · · · · · · · ·			Depth Casi	ng Shoe	
5641-5913						
	TUBING, CASING, A	ND CEMENTING RECORI)			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	Υ	S	CKS CEMEN	.т
124	8 5/8	1287		700 C	irc.	
7 7/8	5 1/2	7248		1900 C	irc.	
				· .		

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	Producing Method (Flow, pump, gas lift, etc.)	
Sept. 5, 1986	Sept. 7, 1986	Pump	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24	25#	25#	Open	
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gae - MCF	
16.0	14.0	2.0	183.0	

GAS WELL

•

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Teeting Method (pitot, back pr.)	Tubing Pressure (shut-is)	Casing Pressure (Shut-13)	Choke Size

A CONTRACTOR OF CONTRACTOR OF