## STANE OF NEW MEXICO

ENESSY AND MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

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

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

AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS			
Operator				
Bliss Petroleum, Inc.				
c/o Oil Reports & Gas Services, Inc., P. O. Bo	x 763. Hobbs. NM 88241			
Reason(s) in tiling (Cheek proper box)	Other (Picase explain)			
New Yell Change in Transporter of:	Effective 11/1/84			
Necemplation H	ondensate			
CINITO III C				
If change of ownership give name and address of previous owner Amoco Production Company	, Box 68, Hobbs, NM 88241			
II. DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Pool Name, Including Fo	ormation Kind of Lease No.			
Owen "A" 2 Blinebry	State, Federal or Fee Fee			
Location				
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West				
Line of Section 3 Township 22S Range	37E , NMFM, Lea County			
Line of Section 3 Township 22S Hange				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Titileporter of Ott				
Shell Pipe Line Company  P. O. Box 1910, Midland, Texas 79702  Address (Give address to which approved copy of this form is to be				
Northern Natural Gas Company	P. O. Box 2370, Hobbs, NM 88241			
Unu Sec. Twp. Rge.	Is gas actually connected? When			
If well produces oil or liquids, give location of tanks. E 3 22S 37E	Yes 5/54			
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.				
the second of th	OIL CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANCE	NOV 1 3 1984			
I hereby certify that the rules and regulations of the Oil Conservation Division have	I APPROVED, IS			
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY Eddin (c) Seay			
, <u></u>	ON & Care Inspector			
TITLE				
This form is to be filed in compliance with RUI  If this is a request for allowable for a newly dri				
(Signature)  well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.				
All sections of this form must be filled out completely				
(Title) able on new and recompleted wells.				
11/9/84 (Date)	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.			

SECRARD.

NOV -9 1984

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