STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OF CILETON				
PROCETTION OFFICE				

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

PROCETION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
O _f crotor		····			
Bliss Petroleum, Inc.					
Address		7	000/1		
c/o Oil Reports & Gas Ser	cvices, Inc., P. O. Be	ox /55, Hobbs, l Other (Plea			
New Well	Change in Transporter of:	Oiner (Freu.	e cipiany		
Recompletion	Oil · Dry Gas Effective 1/85				
Change in Ownership	Casinghead Gas	ondensate			
		· · · · · · · · · · · · · · · · · · ·			
If change of ownership give name and address of previous owner					
·					
II. DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including	Formation	Kind of Lease	Lease No.	
Lecae Name			State, Federal or Fee Fee	Least Her	
Clifton	1 Penrose Skell	y Grayburg	ree	J	
M 660	Feet From The South Li	ne and 660	Feet From The West		
Unit Letter PI : 000	Feet From The	ne andOOO	reet from the scot		
Line of Section 4 Townsh	ip 22S Range	37E , NMP	w, Lea	County	
III. DESIGNATION OF TRANSPOR		L GAS	to which approved copy of this form is		
Name of Authorized Transporter of Off X	or Condensate	Į.			
Shell Pipe Line Corp.	P. O. Box 1910, Midland, Texas 79702 head Gas [v] of Dry Gas Address (Give address to whech approved copy of this form is to be sent)				
Name of Authorized Transporter of Casingle	redd Cas (X) or Dry Cas []				
Texaco, Inc.	ut Sec. Twp. Rge.	P. O. Box 3000, Tulsa, Oklahoma 74102			
If well produces oil or liquids,	M 4 22S 37E	Yes	Unknown		
	· · · · · · · · · · · · · · · · · · ·				
If this production is commingled with th		, give comminging ord	er number:		
NOTE: Complete Parts IV and V or	n reverse side if necessary.				
OF COMPLIANCE	T	OIL CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANC	E	nna i 100E			
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.		APPROVED			
		ORIGINAL SIGNED BY JERRY SEXTON			
		DISTRICT I SUPERVISOR			
		TITLE		 -	
. 10 1	1	This form is t	o be filled in compliance with RU	LE 1104.	
Illanusa /	elli	If this is a request for allowable for a newly drilled or deepened			
(Signature	,	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Agent		All sections of this form must be filled out completely for allow-			
(Ťúle) 3/28/8	5	able on new and recompleted wells.			
		Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or szensporter or other such change of condition.			
(Date)		11	Separate Forms C-164 must be filed for each pool in multiply		
		completed wells.			

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