

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-70

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Bliss Petroleum, Inc.

c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Christmas Cowden	Well No. 1	Pool Name, Including Formation Eumont R 7763	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East Line of Section 5 Township 22S Range 37E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Getty Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) Box 1142, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit H Sec. 5 Twp. 22S Rge. 37E	Is gas actually connected? When Yes Reconnect 9/13/84

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded Recomplete 8/27/84	Date Compl. Ready to Prod. 9/13/84	Total Depth 3735	P.B.T.D. 3510					
Elevations (DF, RAH, RT, GR, etc.) 3438 DF	Name of Producing Formation Yates, Seven Rivers	Top Oil/Gas Pay 2568	Tubing Depth 3487					
Perforations 2568-3490			Depth Casing Shoe 3520					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	10	160	100
10	8 5/8	1165	50
8	7	3520	150
	2 3/8	3487	

TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 9/14/84	Date of Test 9/25/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 10	Water-Bbls. 10	Gas-MCF 230

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

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.

*W. W. Walker*  
(Signature)

Agent  
(Title)

9/28/84  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT - 1 1984, 19

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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