| GTATE OF NEW MEXICO<br>GREY AND MINUBALS DEPARTMENT                       |  | -  | ~~~~   | Form C-10                                  |                                       |
|---|--|--|--|--|---------------------------------------|
| ••• •• • • • • • • • • • • • • • • • •                                    |  | CONSERVATION DIVISICAT<br>P. O. DOX 2008                     |  | Revised                                    | 10-1-78                               |
| (1111111111111111111111111111111111111                                    |  | OX 2088<br>W MEXICO 87501                                    |  |  |                                       |
| P 11. 0<br>U 0.0.3,   |  |  |  |  |                                       |
| LAND OFFICE   | REQUEST FC   | DR ALLOWABLE   |  |  |                                       |
| AND<br>AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS                     |  |  |  |  |                                       |
| CAGRATION OFFICE  |  |  |  |  |                                       |
| Bliss Petroleum, Inc.   |  |  |  |  |                                       |
|   | Services, Inc., P. O. Box  | x 763, Hobbs, NM   | 88241  |  |                                       |
| Reason(s) for filing (Check proper bo                                     | <b>54</b> <i>j</i>   | Other (Please  | explain)   | *****                                      |                                       |
| New Well Recompletion   | Change in Transporter of:<br>Oil Dry G   |  | vell trom<br>Jnit #114                             | South Penrose                              |                                       |
| Change in Ownership   | Casinghead Gas Conde   |  | nic #114   |  |                                       |
| If change of ownership give name  | Gulf Oil Corporation, Bo   | ov 670 Hobba NM  | ( 992/1  |  |                                       |
| and address of previous owner   |  | <u>, , , , , , , , , , , , , , , , , , , </u>                | 00241  |  |                                       |
| . DESCRIPTION OF WELL AND   | Well No. Pool Name, Including F  | ormation   | Kind of Lease                                      | 0  | Lease No.                             |
| Christmas Cowden  | 1 Penrose Skelly   | / Grayburg   | State, Federa                                      |  |                                       |
| Location H 10   | 980 For For North  | 660  |  |  | • • • • • • • • • • • • • • • • • • • |
| Unit Letter;;   | 180 Feet From The North Lin  | ne and 660   | Feet From 7  | The East                                   |                                       |
| Line of Section 5 T   | mahij 22 S Range   | 37 Е , ммрм,   | Lea  | • • • • • • • • • • • • • • • • • • •      | County                                |
| DESIGNATION OF TRANSPOR   | RT <u>ER</u> OF OIL AND NATURAL GA   | 45   |  |  |                                       |
| None of Authorized Transporter of C                                       | ii XX or Condensate  | Address (Give address to                                     | which approv                                       | ved copy of this form is to                | be sent)                              |
| Shell Pipe Line Corpor  | ation<br>asingherd Gas 🕅 or Dry Gas 🗍  | P. O. Box 1910<br>Address (Give address To                   | Midland  | Toxas 79702<br>red copy of this form is to | be sent)                              |
| Getty Oil Company   |  | P. O. Box 3000,  |  |  | <u> </u>                              |
| If well produces oil or liquids,<br>give location of tanks.               | Unix Sec. Twp. Rge.<br>H 5 22S 37E   | is gas actually connected<br>Yes                             | d? Whe   | Unknown                                    |                                       |
|   | ith that from any other lease or pool,   |  | number:  |  |                                       |
| COMPLETION DATA   | Oil Well Gas Well  | New Well Workover  | Deepen   | Plug Back Same Res                         | v. 'Diff. Res'v.                      |
| Designate Type of Completi  | on – (X)   | 4 8<br>8 8<br>   | ¢<br>•<br>   |  | 4<br>1<br>                            |
| Date Spudded  | Date Compl. Ready to Prod.   | Total Depth  |  | P.B.T.D.                                   |                                       |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation  | Top Oil/Gas Pay  |  | Tubing Depth                               |                                       |
| Perforations  | <u> </u>   | 1  |  | Depth Casing Shoe                          |                                       |
|   |  |  |  |  |                                       |
|   | TUBING, CASING, AND  | CEMENTING RECORD   |  | SACKS CEM                                  | ENT.                                  |
| HOLE SIZE   | LASING & LUBING SIZE   | DEPTHSE  | <u>.</u>   | SACKS CEM                                  |                                       |
|   |  |  |  |  |                                       |
|   |  |  |  | <u> </u>                                   |                                       |
| TEST DATA AND REQUEST F   | OR ALLOWABLE (Test must be a)  | fter recovery of total volum<br>pth or be for full 24 hours) |  | and must be equal to or es                 | ceed top allow-                       |
| Dill WELL<br>Date First New Oil Run To Tanza                              | Date of Test   | Producing Method (Flow,                                      |  | i, elc.)                                   |                                       |
|   |  | Casing Pressure  |  | Choke Size                                 |                                       |
| Length of Test  | Tubing Pressure  | Caring Pleasane  |  |  |                                       |
| Actual Prod. During Test  | Cil-Bale.  | Water-Bbls.  |  | Gas-MCF                                    |                                       |
| L   |  | <u> </u>   | **************************************             | <u>I</u>                                   |                                       |
| GAS WELL  |  |  |  |  |                                       |
| Actual Frad. Test-MCF/D   | Length of Test   | Bble. Condenaute/MMCF  |  | Gravity of Condensate                      |                                       |
| enting Method (puot, back pr.)  | Tubing Pressure (Shut-in)  | Cosing Pressure (Shut-1                                      | ( a )  | Choke Size                                 |                                       |
| CERTICICATE OF COMPLIAN   |  |  | NGEDVAT  | I<br>ION DIVISION                          | <u></u>                               |
| CERTIFICATE OF COMPLIAN   |  | M A  | Y 23 19  |  | _                                     |
| I hereby certify that the rules and i<br>Division have been complied with | regulations of the Oil Conservation  |  |  | •  | 9                                     |
| above is true and complete to the   | best of my knowledge and belief.   | BY ORIGINAL  | SIGNED BY  | JERRY SEXTON<br>RVISOR                     | <u></u>                               |
| - 1   | (x,y,z,b) .  | TITLE  |  |  |                                       |
| Worma Hall  |  | This form is to b  | ofiled in co                                       | ompliance with RULE                        | 1101,<br>t or deenength               |
| Worn's Jalle<br>(Signi  | If this is a request for allowable for a newly drilled or deepensu-<br>well, this form must be accompanied by a tabulation of the deviation<br>of the most be accompanied by a tabulation of the deviation |  |  |  |                                       |
| Ag  | tests taken on the well in accordance with NULE 111.<br>All sections of this form must be filled out completely for allow-   |  |  |  |                                       |
| (Ti)<br>4/  | able on new and recompleted wells.<br>Fitt out only Sections 1 11, 111, and VI for changes of owner.   |  |  |  |                                       |
| (Du   | well name or number,   | or transports  | ir, or other such clienge<br>be filed for each poo | of condition.                              |                                       |
|   |  | completed wells.   |  | •  | •                                     |

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