

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OFFICE RECEIVED	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.C.G.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Bliss Petroleum, Inc.

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

Reasons for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change lease designation to J. W. Grizzell "A" effective 11/1/84
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: Amoco Production Inc., Box 68, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. W. Grizzell "A"	Well No. 4	Pool Name, including Formation Penrose Skelly Grayburg	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West				
Line of Section 5 Township 22S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None - Well Shut in	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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.

W. W. H. H. H.
(Signature)
Agent
(Title)
11/9/84
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 13 1984, 19
Eddie W. Seay
BY Oil & Gas Inspector
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 Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

NOV -9 1984

C.C.D.
MOBILE OFFICE