Revised 1-1-89 See Instructions at Bottom of Page

UIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Decator BEC Corporation								Well A	API No.			
Address	P.O.			M: 31:	and, Texas	797		·				
Passacia) for Filing (Ch			1)72	141414	and, reads		er (Please expla	in i				
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:												
Recompletion							Operator Name Change Only					
Change in Operator							From Bliss Energy Corporation					
If change of operator give	e name											
		ACT I	ANDIE	SE								
II. DESCRIPTION OF WELL A Lease Name Grizzell			AND LEA	Well No. P	ool Name, Includi				f Lease No.			
	zzell			1	renrose	Skelly	Grayburg	3 0		Fee		
Location Unit Letter _	G		: 198	0 F	eet From The	North Lin	and198	30 Fe	et From The	East	Line	
Section	6 -	ownshi	, 22S	R	ange 37E	; , N	мрм, І	iea			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											4)	
Name of Authorized Tra	-		X .	or Condensat		Address (Give address to which approved copy of this form is to be sent) Box 6196 Midland. Texas 79711						
Texaco Trading & Transportation							Box 6196 Midland, Texas 79711 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas X or Dr. Warren Pet. CoDiv. of Chevron USA.]					Tno			• •		orm is to be se 74,102	int)	
				, ,			Box 1589 Tulsa, Okla			14±08		
If well produces oil or liquids, give location of tanks.			G 6 22S 37E			Yes			10-2-56			
If this production is com IV. COMPLETIO	_		from any oth	er lease or po	ol, give commingl	ing order num	ber:					
Designate Type	of Comp	letion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded			Date Comp	ol. Ready to P	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)			Name of Pr	roducing Form	nation	Top Oil/Gas Pay			Tubing Depth			
Perforations						<u> </u>			Depth Casin	Depth Casing Shoe		
TUBING, CASING AND O						CEMENTI	NG RECOR	D				
HOLE SIZE				SING & TUB		DEPTH SET			SACKS CEMENT			
TIOLE OILE		CASING & TOBING SIZE			DEF IN SET			GAOTO CEINEAT				
· · · · · · · · · · · · · · · · · · ·												
			İ									
		-										
V. TEST DATA A		-										
		e after r			load oil and must					for full 24 hou	<i>rs.)</i>	
Date First New Oil Run To Tank Date of Test							Producing Method (Flow, pump, gas lift, etc.)					
Leady of Text			T 1 : . D			Casing Pressure			Choke Size			
Length of Test		Tubing Pres	ssure		Casing Flessure			Choke Size				
Actual Prod. During Test			Oil - Bbls.			Water - Bbls.			Gas- MCF			
recome a come armetting 2 vot			Oil - Bois.									
GAS WELL			<u> </u>			·			•			
Actual Prod. Test - MCF/D Length of Test						Bbis. Condensate/MMCF			Gravity of Condensate			
/ William 1991 1991 1991 1991			Local day, or			Bois. Colidenate/Mylvici						
Testing Method (pitot, back pr.)			Tubing Pre	ssure (Shut-in	Υ	Casing Pressure (Shut-in)			Choke Size			
			}	•	•							
VI OPERATOR	CERT	TEIC	ATE OF	COMPI	IANCE	1						
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						MAD 0 A 4000						
is true and complete to the best of my knowledge and belief.						Date Approved MAR 3 0 1990						
p						Date Approved						
Jeorge Vin Huse						n			Orin Q	iomod 1		
Signature						By Orig. Signed by Paul Kautz						
George Van Husen Agent						Geologist						
Printed Name Title 2-27-90 915 682-1828						Title						
Date					one No.	[]						
				•		Ш						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.