

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Bliss Petroleum, Inc.

Address P. O. Box 1817, Hobbs, N.M. 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <u>Old South Penrose Skelly Unit #172. Has been shut-in since 1970.</u>
<input checked="" type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>J. L. Greenwood</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Eumont-Yates-7R-Queen</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Tesoro Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>8700 Tesoro Dr. - San Antonio, Texas 78286</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589 Tulsa, Okla. 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>9</u> Twp. <u>22S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>2-23-86</u>

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.

Paul Bliss  
(Signature)  
President  
March 6, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 4 - 1986, 19 \_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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 all wells 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
3-5-40		X			X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
3-5-40	3-25-40		5246		3524				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3427 GL	Queen				3417				
Perforations						Depth Casing Shoe			
3453-3516						3630'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4		9 5/8		426		150			
8 3/4		7		3630		410			
6 1/4		Open Hole							

#### V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	3-5-86	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	15 psig	Pkr	2" full open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
4.5 Bbl. total fluid	1.2 BO	3.3 BW	22.5

#### 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

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