LITATE OF NEW MEXICO EHILLBY AND MINERALS DEPARTMENT

(Title) 11/9/84

(Date)

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DISTRIBUTI			
FARTA PE			
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W. L. (1. Q.			
LAMO : FICE	1		
16+ MHC ITCH	OIL.		
	648		
OPERATOR			
PROHATE 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

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

REQUEST FOR ALLOWABLE

FOCHATE : OFFICE	OHTUA	RIZATION TO T	AA PRANSP	ID ORT OIL AND NATI	JRAL GAS			
Cherutar					***************************************			
Bliss Petroleum Inc.								
N - 11 E.P.		· · · · · · · · · · · · · · · · · · ·						
c/o Oil Reports & Gas S	ervices,	Inc., P. (0. Box	763, Hobbs,N	M 88241			
1 :				Other (Pleas				
New Well		n Transporter of:	<u></u>	Effort	ive 11/1/84			
Change in Ownership	011	inghead Gas			LVE 11/1/04			
Change in Option		ingheda Gas	Con	ndensate		· · · · · · · · · · · · · · · · · · ·		
If change of ownership g ve name and address of previous owner Am	oco Prod	uction Comm	0.2007	Pov 69 Hobbs	NW 000/1			
and address of previous owner	000 1100	decion comp	pany.	DOX 00, HODDS.	NM 88241	······································		
II. DESCRIPTION OF WELL AND								
Leave Hame		Pool Name, Inclu	uding For	mation	Kind of Lease		Lease No.	
Crizzell Deep	2	Drinkard	 -	····	State, Federal or Fee	Fee		
	0.0							
Unit Letier 1, 19	80 Feet Fro	m The South	l Line	and <u>860</u>	Feet From The	West		
Line of Section 5 Towns	ship 22	S Rang	~ ·	717				
		() Italy	4e)	7E , NMPM	Lea		County	
III. DESIGNATION OF TRANSPO	RTER OF	OIL AND NAT	URAL (GAS				
Name of Authorized Transporter of CII XX or Condensate Address (Give address to which approved copy of this form is to be					be sent)			
Shell Pipe Line Company				P. O. Box 1910, Midland, Texas 79702				
Name of Authorized Transporter of Casin	anead GasXX	or Dry Gas]	Address (Give address to which approved copy of this form is to be sent)				
Cetty Oil Company				P. O. Box 3000	, Tulsa, Oklaho	ma 74102	2	
If well produces oil or liquids, give location of tanks.	Jnit ¦Sec. L ∣	_ 1 1		s gas actually connecte	,			
			37E	Yes		/29/79		
If this production is commingled with	that from an	y other lesse or	pool, gi	ve commingling order	number:			
NOTE: Complete Part: IV and V o	on reverse si	ide if necessary.						
VI CERTIFICATE OF COMPLIANT			H	מו כו	ONCEDVATION DO			
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
hereby certify that the rules and regulations	of the Oil Co	nservation Division	have	APPROVED	<u>NOV 1 3 1984</u>		19	
been complied with and that the information given is true and complete to the best of my knowledge and belief.		- 11	F 1 1: 2az o					
			- 11					
			- 11	TITLE	Oll & Gas Insp	ector		
Manua Idallo				This form is to	be filed in compliance	with min =	1104	
				This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
(Signature) Agent				well, this form must	be accompanied by a treat in accordance with	abulation of	the deviation	
ngent			- 11			. AULE 111.		

completed wells.

RECEIVED

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NOV -9 1984

HOSP2 CLICE