

**OIL CONSERVATION COMMISSION**  
**HOBBS, NEW MEXICO**

November 30, 1967

Western Oil Fields, Inc.  
Box 1137  
Hobbs, New Mexico

Gentlemen:

Due to the recently submitted gas-oil ratio test for the Blinebry zone of your Gulf State No. 1 located in Unit A of Section 36, T-22-S, R-37-E, the well will be reclassified as a gas well in the Blinebry Gas Pool effective December 1, 1967.

Please advise this office when you have complied with the provisions of Commission Order No. R-1670 pertaining to the Blinebry Gas Pool in order that we may assign an allowable for the well.

Yours very truly,

OIL CONSERVATION COMMISSION

Joe D. Ramey  
Supervisor, District 1

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FIELD OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
REGISTRATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Nov 4 12 01 PM '65

Western Oil Fields, Incorporated  
Address  
P.O. Box 1137, Hobbs, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Refracting Station ☐ Oil ☐ Dry Gas ☒  
Change in ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gulf State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Blinebry Gas</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter <b>A</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>36</b> , Township <b>22 S</b> Range <b>37 E</b> , NMPM, <b>Lea</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Texas - New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1510, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Northern Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 3316, Midland, Texas</b>
If well produces oil or liquids, give location of tanks. Unit <b>A</b> Sec. <b>36</b> Twp. <b>22 S</b> Rge. <b>37 E</b>	Is gas actually connected? <b>Yes</b> When <b>November 2, 1965</b>

If this production is commingled with that from any other lease or pool, give commingling order number: - - -

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Paul White  
(Signature)  
Division Engineer  
(Title)  
November 3, 1965  
(Date)

OIL CONSERVATION COMMISSION  
1065  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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 Sections I, II, III, and VI only 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.