| HOT AND MINUT    | wub t | JU. 17 | WUI | VII.P |
|------------------|-------|--------|-----|-------|
|                  |       | Ī      |     |       |
| DISTRIBUTION     |       |        |     |       |
| PANTA PE         |       |        |     |       |
| FILE             |       |        |     |       |
| V.8.0.6,         |       |        |     |       |
| LAND DEFICE      |       |        |     |       |
| *********        | OIL   |        |     |       |
|                  | GAB   |        |     |       |
| OPERATION.       |       |        |     |       |
| PROMATION OFFICE |       |        |     |       |

## OIL CONSERVATION DIVISION P. O. BOX 2088 **SANTA FE, NEW MEXICO 87501**

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator Texaco Inc.   |  |               |                                 |  |                            |                  |                  |  |  |
|--|--|---------------|---------------------------------|--|----------------------------|------------------|------------------|--|--|
| Address  | 77-7-7-                                | 0001.0        | - <del></del>                   |  | ······                     |                  |                  |  |  |
| P. O. Box 728  |  | 68240         | <del></del>                     |  |                            |                  |                  |  |  |
| Reason(s) for filing (Check proper box)  New Well Change in Transporter of   |  |               |                                 | 10   | ther (Pleas                | re explain)      |                  |  |  |
| Recompletion X   | E                                      |               |                                 |  |                            |                  |                  |  |  |
| Change in Ownership  | Casinghead                             | G., H         | =                               | ensate   |                            |                  | •                |  |  |
| If change of ownership give name and address of previous owner   |  |               |                                 |  |                            |                  |                  |  |  |
| DESCRIPTION OF WELL AN   | D LEASE                                |               |                                 |  |                            |                  |                  | Marie de la companya   |  |
| A. H. Blinebry Fed. (  | Well No. Pool Name, Includi            |               |                                 | ^  |                            | Kind of Leas     |                  | Loase III.   |  |
| Location   | (NCT-1) 32                             | Tubb (        | (011)                           | R7667  |                            | State, Feder     | al of Fee        | LC-032101  |  |
| Unit Letter P ;  | Feet From                              | The Sout      | h Li                            | ne and   | 660                        | Feet From        | The East         |  |  |
| Line of Section 20   | T. waship 22-S                         | F             | lange                           | 38-E   | , NMPM                     | 4, L             | ea               | Count  |  |
| DESIGNATION OF TRANSPO   | RTER OF OIL A                          | ND NATI       | RAI GA                          | 15   |                            |                  |                  |  |  |
| Name of Authorized Transporter of  | C11 or Cone                            | densate       | MAL OF                          |  | e address                  | to which appro   | ved copy of this | form is to be sent;  |  |
| Texas-New Mexico Pipe  | Line Co.                               |               |                                 | P. O. Box 2528, Hobbs, NM 88240  |                            |                  |                  |  |  |
| Name of Authorized Transporter of  | Casingh <del>e</del> ad Gas 🗶          | or Dry Go     | s 🗀                             | Address (Giv   | e address                  | to which appro   | ved copy of this | form is to be sent)  |  |
| Getty Oil Co.  | Unit Sec.                              | Twp.          | Rge.                            |  |                            |                  | NM 88231         | •  |  |
| if well produces oil or liquids, give location of tanks.   | B 19                                   |               | 38-E                            | ls gas actual  | es connect                 | ed? Wh           | 5-13-84          |  |  |
| I this production is commingled  | with that from any                     | other lease   | or pool,                        | <u> </u>   |                            | r number:        | PC-244           |  |  |
| COMPLETION DATA  |  | Well G        | as Well                         | New Well   | Workover                   | Deepen           | Plug Back   S    | Same Resty, Diff. for  |  |
| Designate Type of Comple   |  |               |                                 | <u> </u>   | X_                         | )<br>            | X                | x  |  |
| Date Spudded<br>10-27-65   | Date Compl. Rea                        | -             |                                 | Total Depth  |                            |                  | P.B.T.D.         |  |  |
| Elevations (DF, RKB, RT, GR, etc.,   | 11-21-65 Name of Producir              |               |                                 | 734  | ·                          |                  | 66301            |  |  |
| 3376' (GR)   | Tubb                                   | ig reimetter  | 1                               | Top Oil/Gas<br>637   | •                          |                  | Tubing Depth     |  |  |
| Perforations   |  | <del></del>   |                                 |  |                            |                  | Depth Casing     | Shoe   |  |
| 6356-65381   |  |               |                                 |  | <del></del>                |                  | 73401            | TARREST CONTRACTOR OF THE PROPERTY OF THE PROP |  |
| HOLE SIZE  | CASING &                               |               |                                 | CEMENTING  |                            |                  | T                | -  |  |
| 11"  | 8-5/8                                  |               | 126                             | <del> </del>   | 97'                        | - 1              | SAC              | KS CEMENT  |  |
| 7-7/8  | —————————————————————————————————————— |               | 91                              |  | <del> </del>               |                  |                  |  |  |
|  |  |               |                                 |  |                            |                  |                  |  |  |
|  |  |               | <del></del>                     | <u> </u>   |                            |                  | <u> </u>         |  |  |
| EST DATA AND REQUEST I   | FOR ALLOWABL                           |               | nust be of<br>or this de:       | ter recovery of<br>oth or be for fu  | total volum<br>Il 24 hours | me of load oil o | ind must be eque | l to praxeed top n   |  |
| Date First New Oil Run To Tanks  | Date of Test                           |               |                                 |  |                            | , pump, gas lif. | t, etc.)         |  |  |
| 5 <b>-10-</b> 84   | 5-13-84                                |               |                                 | Pumping  | g- 13" Pump                |                  |                  |  |  |
| ength of Test  | Tubing Pressure                        |               |                                 | Casing Press   |                            |                  | Choke Size       | And the second of the second o |  |
| 24 hrs   |  |               |                                 |  | ******                     |                  |                  |  |  |
| ictual Prod. During Test   | оп-вы₌.                                |               |                                 | Water-Bbls.  | 11                         |                  | Gas-MCF          | 1  |  |
| ·  |  | <del>v,</del> |                                 |  |                            |                  | 1                | <i>r</i>   |  |
| AS WELL  |  |               |                                 |  |                            |                  |                  |  |  |
| actual Prod. Test-MCF/D  | Length of Test                         |               |                                 | Bbis. Condens  | ate/MMCF                   |                  | Gravity of Con-  | denecte  |  |
| esting Method (pitot, back pr.)  | Tubing Pressure (                      | Ebut-in )     |                                 | Cosing Pressu  | re (Shut-                  | 111)             | Choke Size       |  |  |
| ERTIFICATE OF COMPLIAN   | CE                                     |               |                                 |  | DII CO                     | NISEDVATI        | ON DIVISIO       | N  |  |
|  |  |               |                                 | •  | U.L. UU                    |                  |                  | <b>EV</b><br>- e   |  |
| nereby certify that the rules and  | regulations of the                     | Oll Conser    | vation                          | APPROVE  | מ                          | MAY 2            | 5 1984           | 19   |  |
| vision have been complied with and that the information given ove is true and complete to the best of my knowledge and belief. |  | belief.       | ORIGINAL SIGNED BY JERRY SEXTON |  |                            |                  |                  |  |  |
| ()   |  |               | DISTRICT I SUPERVISOR           |  |                            |                  |                  |  |  |
| 11/  | •                                      | •             |                                 | TITLE  |                            |                  |                  |  |  |
| 1/1/   |  |               |                                 | This fo  | rm is to b                 | e filed in co    | mpliance with    | RULE 1104,   |  |
| UKJAFO ()  | ature)                                 |               |                                 |  |                            |                  |                  | y drilled or deeps   |  |
| , , ,  | •                                      |               |                                 |  |                            |                  | ance with Aut    |  |  |
|  | Assistant District Manager             |               |                                 | All sections of this form must be filled out completely for all able on new and recompleted wells. |                            |                  |                  |  |  |
| J-10-04  | <b>5-10-04</b>                         |               |                                 | FIII ou  | tonly Se                   | ctions I, II,    | III, and VI fo   | er changes of own.   |  |
| , (De  | ite)                                   |               | - 11                            |  |                            |                  |                  | change of conditi  |  |

Separate Forms C-104 must be filed for each pool in multicommuteted wells.

MAY 21 1984 HORES OFFICE