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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

I. Operator **B. A. Ray**
Address **Box 1385, Midland, Texas 79701**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ 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 Blankenship	Well No. 1	Pool Name, Including Formation House, San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E ; 660 Feet From The West Line and 1980 Feet From The North Line of Section 12 Township 20-S Range 38-E , NMPM, Lea 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"/> Admiral Cude Oil Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1345, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> R El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 12
	Twp. 20-S	Rge. 38-E
	Is gas actually connected? Yes	When 1/8/57

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			xxx		X		X
Date Spudded 12/56	Date Compl. Ready to Prod. 1/8/57		Total Depth 7125		P.B.T.D. 6829			
Elevations (DF, RKB, RT, GR, etc.) 3564 DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 4281-4325		Tubing Depth 4330			
Perforations 4281 - 4325					Depth Casing Shoe 7123			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10-5/8"			350		300			
8-5/8"			4275		2500			
5-1/2"	2-3/8"		7125		693			

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 12/24/71	Date of Test 12/24/71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 6 hrs.	Tubing Pressure 500#	Casing Pressure 300#	Choke Size open
Actual Prod. During Test 12 BO	Oil-Bbls. 12	Water-Bbls. None	Gas-MCF TSTM

GAS WELL

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

B. A. Ray
(Signature)
B. A. Ray
Operator
January 3, 1972
(Date)

OIL CONSERVATION COMMISSION
APPROVED **JAN 27 1972**, 19
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT I**

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 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.