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	SANTA FE		ONSERVATION COMMISS /	Form C-104 Supersedes Old C-104 and C-110	
FILE AND HOBBS OFFICE					
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS .	
	LAND OFFICE		FEB 9 3 13	PM '67	
	TRANSPORTER GAS				
	OPERATOR	·			
I.	PRORATION OFFICE				
	Operator	TEXACO Inc.			
	Address				
	P. O. Box 728 - Hobbs, New Mexico Reason(s) for filing (Check proper box) New Well X Change in Transporter of:				
	Recompletion	Oil Dry Gar	s	•	
Change in Ownership Casinghead Gas Condensate					
If change of ownership give name					
	If change of ownership give name and address of previous owner				
	II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease				
н.					
0. 10 1101				State, Federal or Fee	
	Unit Letter G : 1880 Feet From The East Line and 1880 Feet From The North				
	Line of Section 26 , Tow	miship 24-S Range 3'	7 - Е , _{NMPM} ,	Lea County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed cany of this form is to be sent)	
	Name of Authorized Transporter of Oil The Permian Corporation		1509 West Wall Ave		
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approv	ed copy of this form is to be sent)	
	El Paso Natural Gas C	ompany	P. O. Box 1384 - Jal,		
	If well produces oil or liquids,	Unit Sec. Twp. Rge. B 26 24-S 37-E	Is gas actually connected? Whe	February 9, 1%7	
	give location of tanks.	<u> </u>	1		
If this production is commingled with that from any other lease or pool, give commingling order number: NONE IV. COMPLETION DATA				NONE	
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	NEW NEW NEW	P.B.T.D.	
	January 13, 1967	February 9, 1967	58551	582կ1	
	Pool	Name of Producing Formation	Top Oil/See Pay	Tubing Depth	
	Justis Blinebry	Blinebry 62 / 10 1	52021	51901 Depth Casing Shoe	
	Perforations Perf 42" Casing 1 jet shot @ 5202',5210',5216', 5236',5253', Depth Casing Shoe 5265',5281',5317',5315',5394',5113',5128',5116',5174',5503',5515',5583', 5855				
	55961,56101,56531,5678	1,56941, TUBING, CASING, AND	CEMENTING RECORD 57351	746',5771', and 5783'.	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		8 5/8"	92141	500 Sx.	
	11" 6 3/4") ₁ 1/2"	58551	800 Sx.	
	0 3/4				
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 able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	OIL WELL able for this dept		Producing Method (Flow, pump, gas lift, etc.)	
	February 1, 1967	February 9, 1967	Flow		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 Hours	1250	1400 Water-Bbls.	Gas-MCF	
	Actual Prod. During Test 103	88	15	606	
	GAS WELL	1	1 D. L. C. L. L. C. L. C.	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Glavity of Condensate	
	resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
			APPROVED	, 19	
	Dan Gillett Assistant District Superintendent (Title) February 9, 1967				
			BY	m m	
			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.	•	