

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

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

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

SEP 11 1967

I. OPERATOR

Operator: **TEXACO, INC.**
DRUMMEL 740

Address: **HOBBS, NEW MEXICO 88240**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas **Change in lease name.**
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. H. Blinbry - NCT - Federal	Well No. 24	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee
Location Battery 3			
Unit Letter E	330 Feet From The	West Line and	2310 Feet From The North
Line of Section 28	Township 22-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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1135 - Eunice, New Mexico
If well produces oil or liquids, give location of tanks. E	Unit 33 Sec. 22-S Twp. 38-E Rge.
Is gas actually connected? Yes	When April 27, 1965

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977,**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Tests <input type="checkbox"/>	Drill Resrv. <input type="checkbox"/>
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					

SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.

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-MMCF

GAS WELL

Actual Prod. Test-MMCF/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.

E. H. Scott
E. H. SCOTT
 DIST. ACCOUNTANT
 SEP 1 1967

(Signature)
 (Title)
 (Date)

OIL CONSERVATION COMMISSION

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 Form C-104 must be filed for each pool in multiply completed wells.