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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

AUG 2 3 11 PM '65

Operator: **TEXACO Inc.**
 Address: **P. O. Box 728 - Hobbs, New Mexico**
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name A. H. Blinebry NCT-1	Well No. 27	Pool Name, Including Formation Drinkard	Kind of Lease Federal
Location Unit Letter K , 1980 Feet From The South Line and 1650 Feet From The West Line of Section 28 , Township 22-S Range 38-E , NMPM, Lea County			

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. Unit E Sec. 33 Twp. 22-S Rge. 38-E	Is gas actually connected? YES When August 1, 1965

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-21**

COMPLETION DATA

Designate Type of Completion - (X) OIL	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded July 5, 1965	Date Compl. Ready to Prod. August 1, 1965	Total Depth 7300'	P.B.T.D. 7291'
Pool Drinkard	Name of Producing Formation Drinkard	Top Oil/200 Pay 7039'	Tubing Depth 7300'
Perforations: Perforate 2 7/8" Casing one jet shot at 7039', 7058', 7091', 7117', 7130', 7140', 7154', 7163', 7184', 7193', 7203', 7212', 7224', and 7232'.			Depth Casing Shoe 7300'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	1405'	500 Sx.
7 5/8" TUBE	2 7/8"	7298'	1060 Sx.
7 5/8" DRINKARD	2 7/8"	7300'	1060 Sx.

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks August 1, 1965	Date of Test August 1, 1965	Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 8 Hours	Tubing Pressure 225	Casing Pressure - - -
Actual Prod. During Test 79	Oil - Bbls. 76	Water - Bbls. 3
		Gas - MCF 69

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

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.

W.E. Morgan
 W. E. Morgan (Signature)
 Assistant to the District Superintendent (Title)
 August 2, 1965 (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 Forms C-104 must be filed for each pool in multiply completed wells.