STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-107 Revised 2-1-82

APPLICATION FOR MULTIPLE COMPLETION

BIL PRODUCING TX. & N.M. INC. LEA			Febr	February 9, 1984	
Operator County		Date			
Nine Greenway Plaza, Sui	te 2700	E. O. Cars	son 17		
Address		Lease	Well	Well No.	
Houston, TX 77046					
Location Unit Section		Townshi	o Range		
of Well N	28	21S	37E		
All Applicants for multip	le comple	tion must cor	nplete Items 1 and 2	below.	
 The following facts are submitted: 			Intermediate Zone	Lower Zone	
B. Name of Pool and Formation	Blinebry			Tubb ·	
b. Top and Bottom of		· · · · ·	· · · · · · · · · · · · · · · · · · ·		
Pay Section (Perforations)	5547' - 5754'			6073' - 6202'	
<pre>c. Type of production (0il or Gas)</pre>	Gas			Gas	
 d. Method of Production (Flowing or Artificial Lift) 		ving		Flowing	
 B. Duily Production Actual 		· ·			
X Estimated ' Oil Bbls. Gas MCF					
Water Bbls.	500	MCF		500 MCF	

2. The following must be attached:

a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent.

b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease.

c. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed S. S. Hold Iitle Regulatory Technician Date February 9, 1984 A. D. BOND Supervisor (This space for State Use)

Approved By CRIGINAL SCONFS BY JORAV SPATQLE ______ Date ______Date ______Date

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard proration unit in one or more of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.



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