NO. OF COPIES RECE	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

SANTA FE	LINBREQUEST"	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE	0.06	AND () NSFORT OIL AND NATURAL (246	
U.S.G.S.	AUTHORIZATION TO THE	NSPORT OIL AND NATURAL (3AS	
LAND OFFICE	110, -			
TRANSPORTER GAS				
OPERATOR]			
PRORATION OFFICE				
Operator				
B. A. Ray				
	,	[409 Midland Tower Build	ing]	
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:	<u> </u>		
Recompletion	Oil Dry Ga	ıs 🔲		
Change in Ownership X	· Casinghead Gas Conder	nsate		
If change of ownership give name and address of previous owner	C. W. Trainer, P. O:.Bo	ox 1190, Hobbs, New Mexi	co 88240	
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Cormation Kind of Leas	se Lease No.	
Lease Name				
Blankenship	1-4 House - San /	ruidies state, today		
Location Unit Letter L; 19	80 Feet From The South	ne andFeet From	The West	
Line of Section 12 To	wnship 20S Range	38E , NMPM, Lea	County	
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)	
Name of Authorized Transporter of Ol	or Condensate	Address (Give address to writer appro		
The Permian Corporat		P. O. Box 3119, Midla Address (Give address to which appro	and some of this form is to be sent	
Name of Authorized Transporter of Co	usinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be semi	
None				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually commented	hen	
give location of tanks.	L 12 20S 38E	No		
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complete	Oil Well Gas Well	New Well Workover Deepen	Frid Dack Dame (169 (1 Diff. 1189 (1	
Designate Type of Complet			P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
8-22-50	10=22-50	4,440	4,325 Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	#x### 4,298	
3,5 6 9	San Andres	4,252	Depth Casing Shoe	
Perforations			•	
4252-4307			4,440	
		ID CEMENTING RECORD	OLOVO CENENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
8-5/8"	7" and 2-3/8"	7" 8 4,440	200	
	13-3/8"	191	150	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load of	il and must be equal to or exceed top allou	
OIL WELL	2012 107 17111 1	depth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Eloggettid Married (1 19m) bamb) Ban	•	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Water - Bbls.	Ggs - MCF	
Actual Prod. During Test	Oil-Bbls.	Wdier - Date.		
CAC WELL				
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 COMPLIA	NCE	OIL CONSER!	VATION COMMISSION	
VI. CERTIFICATE OF COMEDIA	• · - 			
y hangtii aastiii that tha milaa am	d regulations of the Oil Conservation	n APPROVED	, 19	
above is true and complete to	the best of my knowledge and belief	BY	our /	
		TITUE		
<u> </u>	^	11 1 1	n compliance with RULE 1104.	
B. Oa	R as	If this is a request for all	lowable for a newly drilled or deepene	

Benneval G. Rad (Signature)
(Title) May 28, 1968
(Date)

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.