			JUH C		
NO. OF COPIES RECEIVED	7		•		
DISTRIBUTION	NEW MEXICO OIL C	Form C-104 Supersedes Old C-104 and C- Elizative 1-1-65			
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65		
FILE		AND OWN / h As a	•		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURALIA	3A \$M * Co		
LAND OFFICE			· // 0J		
TRANSPORTER OIL					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Operator TEXACO Inc.					
Address P.O. Box 728	3 - Hobbs, New Mexico 882	40			
Reason(s) for filing (Check proper b		Other (Please explain)			
New Well	Change in Transporter of:	Filed to show ca	singhead gas connection		
Recompletion	Oil Dry Go	ɪs 🔲 for Skelly Oil C	o .		
Change in Ownership	Casinghead Gas X Conde	nsate			
of change of ownership give name and address of previous owner	n i fasf				
Lease Name	Well No. Pool Name, Including F				
J. C. Estlack	l Blinebry	State, Feder	al or Fee		
Location					
Unit Letter;;	660 Feet From The West Lin	ne and 1980 Feet From	The South		
Line of Section 3	Township 21-S Range	37-E , NMPM,	Lea Count		
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS Address (Give address to which appr	oved copy of this form is to be sent)		
Name of Authorized Transporter of	Oil or Condensate	Address (Give datiess to which app.			
Texas-New Mexico Pip	Casinghead Gas or Dry Gas	P.O. Box 1510 - Midia Address (Give address to which appr	oved copy of this form is to be sent)		
Name of Authorized Transporter of	Casinghead Gas Cor Dry Gas	P.O. Box 38, Hobbs, N			
Skelly Oll Company	Unit Sec. Twp. Rge.		hen		
If well produces oil or liquids, give location of tanks.	T 3 21-S 37-E	YES	June 20, 1969		
If this production is commingled COMPLETION DATA	with that from any other lease or pool,		Plug Back Same Resty. Diff. Res		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Res		
Designate Type of Comple	1		P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.		
		0.1.6	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Dept		
			Depth Casing Shoe		
Perforations					
TUBING, CASING, AND CEMENTING RECORD					
		DEPTH SET	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEF IN SET			
	<u>i</u>		il and must be sound to as exceed ton al		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of icad of depth or be for full 24 hours)	il and must be equal to or exceed top ai		
	2000 /0" 11111	Producing Method (Flow, pump, gas	lift, etc.)		
OIL WELL	I Date of Test				
	Date of Test				
OIL WELL Date First New Oil Run To Tanks		Casing Pressure	Choke Size		
OIL WELL	Date of Test Tubing Pressure	Casing Pressure			
OIL WELL Date First New Oil Run To Tanks Length of Test	Tubing Pressure	Casing Pressure Water-Bbis.			
OIL WELL Date First New Oil Run To Tanks			Choke Size		
OIL WELL Date First New Oil Run To Tanks Length of Test	Tubing Pressure		Choke Size		
OIL WELL Date First New Oil Run To Tanks Length of Test	Tubing Pressure		Choke Size		

Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIANCE

Tubing Pressure (Shut-in)

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.

0/1/1/1/
J.A. Schaffer (Signature) Assistant District Superintendent
(Title) June 25, 1969
(Date)

OIL CONSERVATION COMMISSION

Choke Size

APPROVE

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 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.

Casing Pressure (Shut-in)

		:	
NO. OF COPIES REC	ļ	,	
DISTRIBUTI			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF	ICE		
Operator			

July 25, 1%7

	SANTA FE	_	REC	QUEST	FOR ALLOWABLE	· · · · · · · · · · · · · · · · · · ·		les Old C-104 and C-11
	U.S.G.S.	AUTHOR	17 A TION 1		AND HOBBS COE			1-1-65
	LAND OFFICE	AUTHOR	IZATION	IO IRA	ANSPORT OIL AND NA 3 JUL 25			
	TRANSPORTER OIL	_			JUL 23 J	12 111 0	1	
	GAS OPERATOR	_						
I.	PRORATION OFFICE							
	Operator		ጥቲማ አ ር ር	\ Tma				
	Address		TEXACC) ine.				
	1		P. O.	Box 7	728 - Hobbs, New M			
	Reason(s) for filing (Check proper box		ransporter of:		Other (Please ex Filed to		nghead Gas	3 Connection
	Recompletion	Oil		Dry Go	C 173 D			
	Change in Ownership	Casinghead (Gas 🕱	Conde	nsate			
	If change of ownership give name							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE	Well No.	Deal Na	- January Passatta			
	J. C. Estlack		1	Pool Na	me, Including Formation Blinebry		(ind of Lease State, Federal or	Fee
	Location							
	Unit Letter T; 660	Feet From 7	The West	Lir	ne and 1980	Feet From The	South	
	Line of Section 3	ownship 21-S	Ra	nge -	37-E , NMPM,		Lea	County
							· · · · · · · · · · · · · · · · · · ·	
III.	Name of Authorized Transporter of Ot	TER OF OIL A	ND NATUR	AL GA	Address (Give address to 1	vhich approved	copy of this for	m is to be sent)
	Texas-New Mexico Pipe		_		P. O. Box 1510			,
	Name of Authorized Transporter of Ca		or Dry Gas		P. O. Box 1384 - Jal, New Mexico			
	El Paso Natural Gas Co	Unit Sec.	Twp.	Rge.	Is gas actually connected?		ew Mexico	
	If well produces oil or liquids, give location of tanks.	T 3	21 - S		YES		ul y 25, 19	%7
IV.	If this production is commingled wi . COMPLETION DATA			·				
	Designate Type of Completi	on $-(X)$	Well Gas	s Well	New Well Workover	Deepen ' F	Plug Back ¦Sam	e Resiv. Diff. Resiv.
	Date Spudded	Date Compl. Read	dy to Prod.		Total Depth	F	P.B.T.D.	i
					m 01/2 D			
	Pool	Name of Producin	ig Formation		Top Oil/Gas Pay	1	Subing Depth	
	Perforations						Pepth Casing Sho)e
		TUF	SING CASIN	IG ANI	CEMENTING RECORD		<u> </u>	
	HOLE SIZE		TUBING SI		DEPTH SET		SACKS	CEMENT
							· · · · · · · · · · · · · · · · · · ·	
V.	. TEST DATA AND REQUEST F OIL WELL	OR ALLOWABL			fter recovery of total volume pth or be for full 24 hours)	of load oil and	must be equal t	o or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test			Producing Method (Flow, p	ump, gas lift, e	tc.)	
	Length of Test	Tubing Pressure			Casing Pressure		Choke Size	
	Bengin of Test	, azınış , ressure						
	Actual Prod. During Test	Oil-Bbls.			Water-Bbls.	C	Gas - MCF	
	GAS WELL							
- 2	Actual Prod. Test-MCF/D	Length of Test			Bbls. Condensate/MMCF	C	Gravity of Conde	nsate
	resting Method (pitot, back pr.)	Tubing Pressure			Casing Pressure		Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE		OIL CO	NSERVATI	ON COMMIS	SION	
	I havely contify that the sules and	nominations of the	Oil Comaca		APPROVED		·	, 19
	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	e oest of my know	wiedge and l	nerrer.				
	(111 -				TITLE			
	771 JOST -	• =			This form is to be			RULE 1104. drilled or deepened
		iature)			well, this form must be tests taken on the well	accompanie	d by a tabulat	ion of the deviation.
	District Accountant		•		All sections of the	is form must l	be filled out co	ompletely for allow-
	(11	Title)		able on new and recompleted wells.				

Fill out Sections I, II, III, and VI only for a sanges 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.