STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BRUCE KING
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

December 2, 1994

Texaco Expl & Prod Inc
ATT: C P McKelvey
P O Box 730
Hobbs, NM 88241

RE: RECLASSIFICATION OF WELLS
BLINEBRY OIL & GAS POOL
Hardy Blinebry Unit
#3-N, Sec.17, T-21S, R-37E

Gentlemen:

According to the recently submitted 'scheduled' gas/oil ratio test the above-referenced well will be reclassified from an oil well to a gas well in the Blinebry Oil & Gas Pool effective January 1, 1995, and the oil allowable cancelled effective that date.

If for some reason you feel this test does not reflect the proper classification of this well, please submit another test for our consideration by December 16, 1994.

If the well is to be reclassified to a gas well, please submit the following:

1) Revised C-102 outlining acreage to be dedicated to gas proration unit. If proration unit size or well location requires additional approval, please furnish order number approving same or copy of your application for approval of NSP and/or NSL.
2) C-104 showing reclassification from oil to gas and designating transporters of condensate and dry gas.

If you have questions concerning the above, please contact Donna Pitzer or Nelda Morgan at (505) 393-6161.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

JS;:dp

Submit 2 copies to Appropriate
District Office.
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-116
Revised 1/1/89

GAS - OIL RATIO TEST

Operator: Texaco Exploration and Production Inc.
Pool: Blinebry Oil & Gas
County: Lea
Address: P. O. Box 730 Hobbs, NM 88240
TYPE OF TEST - (X): Scheduled [XX] Completion [ ] Special [ ]

LEASE NAME	WELL NO.	LOCATION U	S	T	R	DATE OF TEST	STATUS	CHOKE SIZE	TBG. PRESS.	DAILY ALLOWABLE	LENGTH OF TEST HOURS	PROD. DURING TEST WATER BBLS.	GRAV. OIL	OIL BBLS.	GAS M.C.F.	GAS - OIL RATIO CU.FT/BBL.
D. C. Hardy Gas Unit Reclassify A to D	5	P	20	21S	37E	9/3/94	F	2"	100		24	1	37.8	1	29	29000
Hardy Blinebry Unit	1	P	17	21S	37E		S									
	2	O	17	21S	37E	9/4/94	P				24	1	35.2	1	25	25000
Reclassify A to D	3	N	17	21S	37E	9/4/94	P				24	2	35.2	1	65	65000
S. J. Sarkeys	2	D	26	21S	37E	9/6/94	P				24	14	37.4	14	200	14286
	4	F	26	21S	37E	9/7/94	P				24	2	37.4	2	80	40000
ate "Q"	1	N	36	21S	37E		F				24	4	38.8	4	305	76250
DHC-644 MCA 40 Bl. 32 Remains Tubb T. 8 Remains Bl.	Blinebry Oil & Gas 80% Oil 20% Gas													3		
	Tubb Oil & Gas 20% Oil 80% Gas													1		

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

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

C P McKelvey
Signature

C P McKelvey Sr. Clerk II
Printed name and title

10/10/94 (505)394-2585
Date Telephone No.

District I
PO Box 1980 Hobbs, NM 88241-1980
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address	OGRID Number
Apache Corporation 2000 Post Oak Blvd - Ste 100 Houston, TX 77056-4400	000873
	Reason for Filing Code CO - 3/1/96

API Number	Pool Name	Pool Code
30 - 025-06643	Blinebry Oil & Gas	06660

Property Code	Property Name	Well Number
016813	Hardy Blinebry Unit	3

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
N	17	21S	37E		660	South	1980	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Lse Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
P					

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
012852	Koch Oil Co P O Box 2256 Wichita, KS	2493810	O	
022345	Texaco E&P Inc P O Box 3000 Tulsa, OK 74102	2493830	G	

IV. Produced Water

POD	POD ULSTR Location and Description
2493850	

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC,MC

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure

Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Julia North

Printed name: Julia North

Title: Sr Regulatory Analyst

Date: 2/22/96 Phone: 713-296-7122

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title:

Approval Date: FEB 26 1996

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°
Report all oil volumes to the nearest whole barrel

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address

2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

3. Reason for filing code from the following table:
   - NW New Well
   - RC Recompletion
   - CH Change of Operator (Include the effective date.)
   - AO Add oil/condensate transporter
   - CO Change oil/condensate transporter
   - AG Add gas transporter
   - CG Change gas transporter
   - RT Request for test allowable (Include volume requested)

   If for any other reason write that reason in this box.

4. The API number of this well

5. The name of the pool for this completion

6. The pool code for this pool

7. The property code for this completion

8. The property name (well name) for this completion

9. The well number for this completion

10. The surface location of this completion. NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.

11. The bottom hole location of this completion

12. Lease code from the following table:
    - F Federal
    - S State
    - P Fee
    - J Jicarilla
    - N Navajo
    - U Ute Mountain Ute
    - I Other Indian Tribe

13. The producing method code from the following table:
    - F Flowing
    - P Pumping or other artificial lift

14. MO/DA/YR that this completion was first connected to a gas transporter

15. The permit number from the District approved C-129 for this completion

16. MO/DA/YR of the C-129 approval for this completion

17. MO/DA/YR of the expiration of C-129 approval for this completion

18. The gas or oil transporter's OGRID number

19. Name and address of the transporter of the product

20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

21. Product code from the following table:
    - O Oil
    - G Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)

23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing shoe and TD if openhole

30. Write in "DHC" if this completion is downhole commingled with another completion, "DC" if this completion is one of two non-commingled completions in this well bore, or "MC" if there are more than three non-commingled completions in this well bore.

31. Inside diameter of the well bore

32. Outside diameter of the casing and tubing

33. Depth of casing and tubing. If a casing liner show top and bottom.

34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered

35. MO/DA/YR that new oil was first produced

36. MO/DA/YR that gas was first produced into a pipeline

37. MO/DA/YR that the following test was completed

38. Length in hours of the test

39. Flowing tubing pressure - oil wells
    Shut-in tubing pressure - gas wells

40. Flowing casing pressure - oil wells
    Shut-in casing pressure - gas wells

41. Diameter of the choke used in the test

42. Barrels of oil produced during the test

43. Barrels of water produced during the test

44. MCF of gas produced during the test

45. Gas well calculated absolute open flow in MCF/D

46. The method used to test the well:
    - F Flowing
    - P Pumping
    - S Swabbing

    If other method please write it in.

47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report

48. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person