_00	r	District 1 PO Box 1980 Hobbs, NM 88241 1980 District II 811 South First, Artesia, NM 88210 District III 1000 Ray Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505		State of New Mexico Lorge Minerals & Natural Resources Department OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505 FOR ALLOWABLE AND AUTHORIZAT			Form C. (6) Revised (Riober 18, 199 Instructions on bac Submit 6: Appropriate District Offic 5 Copie			
_00		<u>EQUEST</u>	FOR A	.LLOWAE	BLE AND	AUTH	IORIZAT	ION TO TH		
	Apache Consonation				-			OGRID Number		
)a+ 51vd 4 - 1066-		د ناً 1					Reason for Film	g Code
				- ··· · <u></u>	- <u></u>		_	N ca -	- 3 1/96	
* API Number 30 - 0 25-06653			'PoolName Blinebry Oil & Gas					1	* Pool Code 06660	
Property Code		c .	Property Name				' Well Number			
016813			Hardy Blinebry Unit					2		
l or kot no	Surface	Location Township	Panas	11-11-	1					
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		Hole Loca	L		000			1980	East	Lea
LL or iot no	Section	Township	Range	Lot Idn	Feet from the	e No	rth South line	Feet from the	East.West line	Count
										County
" Lse Code P	Produc	ing Method Code	¹⁴ Gas	Connection Dat	e ⁵ C-129	Perma Nu	mber i	C-129 Effective		1 -129 Expiration Date
· · · · · · · · · · · · · · · · · · ·	nd Gar	Transmosta						·		
Transpo		Transporte	TS ansporter 1	Name		POD	2 O.G			
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012853	-	och Dil C D Box 22	5 56		249	93810	0			
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	uced Wa	ater							EGI	BLE
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<u>.e 272</u>	2/96		Phone 713	8-296-712	2				, LU	
ព ហាចថេ ៤ ៨	vange of ope	mator fill in the C	GRID num	iber and name o	of the previous	operator				
		perator Signature								

N	Mexico Oli	Conservation	Division
	C-104	Instructions	

		New Mexico On Conserv C-104 Instruct	
IF THIS	IS A	PORT AT THE TOP OF THIS DOCUMENT	31
		olumes at 15 025 PSIA at 60*	32 33.
A request accompation	t for a med	lowable for a newly drilled or deepened well must be v a tabulation of the deviation tests conducted in	34
All secto	ns of		f th
Fill out of	niv se	ctions I II, III, IV and the operator certifications for rator, property name, well number transporter or	35 36. 37.
A separa complete		104 must be filed for each pool in a multiple	37. 38.
Improper operators	y fill unar	id out or incomplete forms may be returned to the proved.	39.
1	Oper	tor's name and address	40.
2	Oper	tor's OGRID number. If you do not have one it will be ned and filled in by the District office.	41 .
3	Reas	on for filing code from the following table: 4	42.
	RC	Recompletion	43.
	CH AO	Change of Operator (Include the effective date.) Add oil.condensate transporter	44.
	CO AG	Change oil condensate transporter	45.
	CG RT	Change gas transporter	46.
	If for	any other reason write that reason in this box.	
4	The	Pl number of this well	
5.	The	ame of the pool for this completion	47.
6	The	ool code for this pool	
7.	The	roperty code for this completion	48.
8.	The	roperty name (well name) for this completion	
9	The	vali number for this completion	
10	The Unit for t Othe	surface location of this completion NOTE: If the distance location of this completion NOTE: If the distances a Lot Number is location use that number in the 'UL or lot no' box. Wise use the OCD unit letter.	
11	The	lottom hole location of this completion	
• 2	Leas F	code from the following table: Federal	

Federal State Fee SP Jicarilla JNU Navajo Ute Mountain Ute Other Indian Tribe

- roducing method code from the following table: Flowing 13 The FP
- Pumping or other artificial lift
- MO: 14 A YR that this completion was first connected to a ansporte gas
- permit number from the District approved C-129 for ompletion 15 The this
- 16 MO/DA YR of the C-129 approval for this completion
- MO CA YR of the expiration of C-129 approval for this commetion 1.7
- 18 The as or oil transporter's OGRID number
- 19 and address of the transporter of the product Nam
- 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. 20
- 21 Proc ct code from the following table: 0 G Oil Gas
- ULSTR location of this POD if it is different from the completion location and a short description of the POD nple : "Battery A" "Jones CPD Letc.) 22 The (Exa
- OD number of the storage from which water is moved this property. If this is a new well or recompletion and OD has no number the district office will assign a er and write it here. 23 The fror this numi
- 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.) 24
- MO A YR drilling commenced 25
- MO A YR this completion was ready to produce 26
- That wence sopth of the well 27
- 28 Plugliack vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 39
- Write in DHC if this completion is downhole commingled with enother completion. DC if this completion is one of two con-commingled completions in this well bore or MC if there are more than three non-commingled completions in this well bore. 30

- 31 inside diameter of the well bore
- 32 Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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
- MO/DA YR that the following test was completed 37
- 38 Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39
- 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
- MCF of gas produced during the test 44
- 45. Gas well calculated absolute open flow in MCF D
 - The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.

- 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 47.
- 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 48

