SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

Operator
N. B. HUNT

Address
406 N. BIG SPRINGS, MIDLAND, TEXAS 79701

Reason(s) for filing *(Check proper box)*

New Well	[ ]	Change in Transporter of:			
Recompletion	[X]	Oil	[ ]	Dry Gas	[ ]
Change in Ownership	[ ]	Casinghead Gas	[•]	Condensate	[ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No
WEATHERLY	2	BLINEBRY	State, Federal or Fee FEE	

Location

Unit Letter D ; 660 Feet From The NORTH Line and 660 Feet From The WEST

Line of Section 21 Township 21S Range 37E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
TEXAS-NEW MEXICO PIPELINE COMPANY	P. O. BOX 1510 MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas XXX or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
GETTY OIL COMPANY, GETTY PLANT #1	P. O. BOX 1137 EUNICE, NEW MEXICO 88231

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	21	21S	37E	YES	3/17/83

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X			X				X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/7/47	11/16/83	6,629	6,420
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
DF 3474	BLINEBRY	5639	6,120
Perforations			**Depth Casing Shoe**
5639-5806 (SELECTIVE)			6,629

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	12½	280	250
11	8 5/8	2890	1,200
7 7/8	5 ½	6629	500
	2 3/8	6120	

TEST DATA AND REQUEST FOR ALLOWABLE *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
11/16/83	11/30/83	PUMP	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hrs	50 psi	80 psi	64/64"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
41 BF	15	26	382

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**

CERTIFICATE OF COMPLIANCE

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.

Wheeler D. Menkle
(Signature)

ASST. DISTRICT SUPERINTENDENT
(Title)

12/2/83
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 5 1983, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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 ownership, well name or number, or transporter, or other such change of condition