

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 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-110
Effective 1-1-65

NOV 8 1 29 PM '65

I. Operator
N. B. Hunt
Address
Drawer 1350, Midland, Texas
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Weatherly	Lease No.	Well No. 6	Pool Name, including Formation Blinebry Pool Blinebry form.	Kind of Lease State, Federal or Fee Fee
Location Unit Letter F ; 1980 Feet From The North Line and 3300 Feet From The East Line of Section 21 Township 21-S Range 37-E , NMPM, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico P.L. Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 21	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When

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

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-1-48	Date Compl. Ready to Prod.	Total Depth 6620	P.B.T.D. Same					
Elevations (DF, RKB, RT, GR, etc.) 3466 DF	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5588	Tubing Depth 5473					
Perforations 5810, 5816, 5826, 5835, 5844, 5862, 5883			Depth Casing Shoe 6620					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/4	13 3/8	200		125				
12	9 5/8	2724		1200				
8 3/4	7	6620		700				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks 10-3-65	Date of Test 1-13-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 175	Casing Pressure 50	Choke Size 20/64
Actual Prod. During Test 300	Oil-Bbls. 299	Water-Bbls. 1	Gas-MCF 214

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

BACurless

(Signature)

District Engineer

(Title)

November 2, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 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.

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

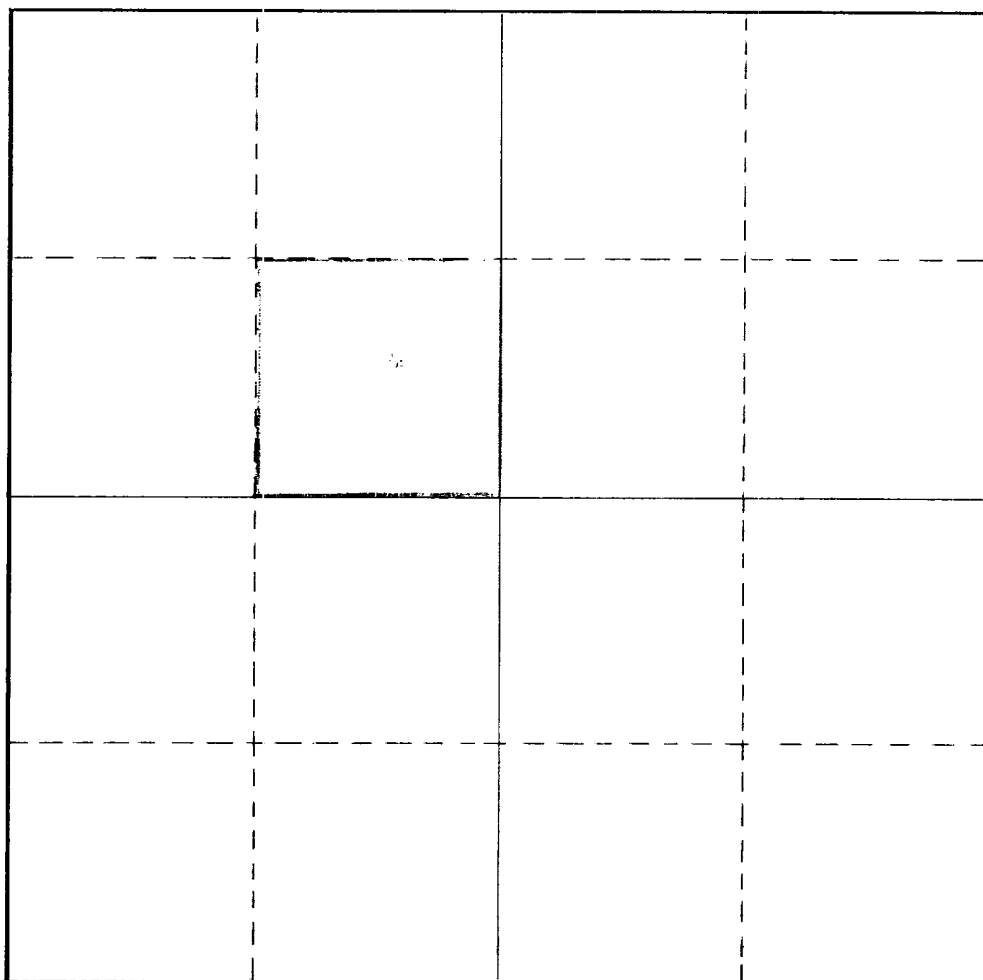
Operator N. B. Hunt		Lease Mittie Weatherly		Well No. 6
Unit Letter F	Section 21	Township 21-S	Range 37-E	County Lea
Actual Footage Location of Well: 1980 feet from the North line and 3300 feet from the East line				
Ground Level Elev:	Producing Formation Blinebry	Pool Blinebry	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). **Not applicable.**
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name
B. B. Hunt
Position
District Engineer
Company
N. B. Hunt
Date
November 2, 1965

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0