DISTRIBUTION
ANTA FE
FILE
U.S.G.S.
AND 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

I. Operator
TEXACO Inc.
Address
P. O. Box 728, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [X]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain)
Attempted to commingle Drinkard & Blinebry zones but was able only to complete in Blinebry zone, Drinkard zone TR-0

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
C.P. Falby Federal "A"	1	Blinebry	State, Federal or Fee	LC-033706 (a)

Location
Unit Letter "C" : 660 Feet From The North Line and 1980 Feet From The West
Line of Section 8 Township 22-S Range 37-E NMPM, Lea County

**EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY.**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	P. O. Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Co.	P. O. Box 1135, Eunice, N. M. 88231

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	8	22-S	37-E	Yes	6-23-75

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-159

IV. COMPLETION DATA

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-17-37		6570	6000
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3435 DF	Blinebry	5508	
Perforations			**Depth Casing Shoe**
2 shots per foot & 40 5508, 38, 52, 65, 5620, 32, 56, 86, 5711, 42, 70, 94, 5802, 30			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 1/2"	228	175
	9 5/8"	1192	600
	7"	3950	300
	5"	6570	300

V. 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.)	
6-23-75	6-23-75	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hr.	30#		18/64"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
12	12	0	66

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**

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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
BY John W. Runyan
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