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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Request temporary approval for surface commingle until downhole commingle approved.

If change of ownership give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name	Kind of Lease	Lease No.
Dollie Ballinger	1	Blinebry	State, Federal or Fee Fee	

Location

Unit Letter	Feet From The	North/South Line	Feet From The	East/West Line
M	660	South	660	West

Line of Section	Township	Range	County
17	22-S	38-E	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (Give address to which approved copy of this form is to be sent)

Texas New Mexico Pipeline Company — P.O. Box 1510 Midland, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas (Give address to which approved copy of this form is to be sent)

Getty Oil Company — P.O. Box 38 Hobbs, NM 88240

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
M	17	22-S	38-E	Yes	6-9-77

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

IV. COMPLETION DATA

Designate Type of Completion (X)	Oil Well: X	Gas Well: X	New Well: Plug Back: X	Same Res'v.:	Diff. Res'v.: X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
1-23-59	6-9-77	7200'	7192'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
3376' (DF)	Blinebry	5718'	-		
Perforations 5-1/2" OD Csg w/1-JSPF @ 5718',31', 38',52',63',94',98',5808', 20', 30', 75', 85',97', & 5905'.			Depth Casing Shoe 7200'		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	410'	500
11"	8 5/8"	2859'	1250
7 7/8"	5 1/2"	7200'	750

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 a full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-9-77	6-9-77	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	6	21	TSTM

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.

Assistant District Superintendent

6-17-77

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, transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.