

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit. TEXACO Inc. P.O. Box 728

Hobbs, New Mexico October 3, 1961  
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

TEXACO Inc. A.H. Blinebry NCT-1, Well No. 12, in SE 1/4 NE 1/4,  
(Company or Operator) (Lease)

H, Sec. 19, T. 22-S, R. 38-E, NMPM., Blinebry Pool  
(Unit) (Lease)

Lea County. Date Spudded AUG 3, 1961 Date Drilling Completed Sept. 1, 1961

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3334' (DF) Total Depth 7200' PBD None

Top Oil/Gas Pay 5591' Name of Prod. Form. Blinebry

PRODUCING INTERVAL - 5591' to 5597', 5602' to 5617', 5622' to 5631', 5634' to 5649' and 5664' to 5691'.  
Perforations

Open Hole 6750' to 7200' Depth 7200' Casing Shoe 6850' Depth 6850' Tubing 5564' Depth 5564'

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 88 bbls. oil, 0 bbls. water in 4 hrs, 0 min. Size 18/64" Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): See remarks

Casing Tubing Date first new  
Press. - - Press. 350 oil run to tanks September 29, 1961

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter Skelly Oil Company

Remarks: Perforate 7" O.D. casing 5591' to 5597', 5602' to 5617', 5622' to 5631', 5634' to 5649', and 5664' to 5691' with 1 jet shot per 3'. Acidize with 5000 gals LST NEA and 250 lbs Napthalene. Frac with 20,000 gals refined oil and 30,000 lbs sand.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved, 19

TEXACO Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

(Signature)

Title Assistant District Superintendent  
Send Communications regarding well to:

Name H. N. Wade

Address P.O. Box 728 - Hobbs, New Mexico

NUMBER OF COPIES RECEIVED	
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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
CATERING	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>TEXACO Inc.</b>				Lease <b>A. H. Blinebry NCT-1</b>		Well No. <b>12</b>	
Unit Letter <b>H</b>	Section <b>19</b>	Township <b>22-S</b>	Range <b>38-E</b>		County <b>Lea</b>		
Pool <b>Blinebry</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>B</b>	Section <b>19</b>	Township <b>22-S</b>	Range <b>38-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Texas New Mexico Pipe Line</b>				Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 1510 Midland, Texas</b>			

Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Skelly Oil Company</b>		Date Con- nected <b>9-29-61</b>	Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 38 Hobbs, New Mexico</b>
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If gas is not being sold, give reasons and also explain its present disposition:


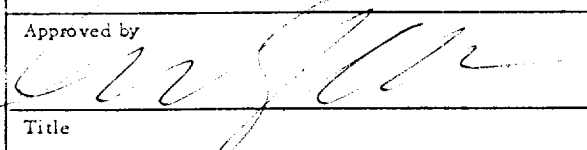
REASON(S) FOR FILING (please check proper box)

New Well .... **New Well** ..... ☒ Change in Ownership ..... ☐  
Change in Transporter (check one) Other (explain below)  
Oil ..... ☐ Dry Gas ..... ☐  
Casing head gas . ☐ Condensate.. ☐

Remarks
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The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 3rd day of October, 1961.

OIL CONSERVATION COMMISSION		By  <b>H. N. Wade</b>
Approved by 	Title <b>Assistant District Superintendent</b>	Company <b>TEXACO Inc.</b>
Title	Address <b>P. O. Box 728 Hobbs, New Mexico</b>	
Date		