

NOTE: THIS WELL WAS ORIGINALLY A DRY HOLE, YEAR 1946

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TRANSPORTER	OIL GAS
OPERATOR	
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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

Operator TEXACO Inc.	
Address P. O. Box 728 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. H. Blinbry NCT-1	Well No. 4	Pool Name, Including Formation Drinkard	Kind of Lease Federal
State, Federal or Fee			
Location			
Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East			
Line of Section 20 , Township 22-S Range 38-E , NMPM, Lea 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 Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE (TSTM)	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 19	Twp. 22-S	Rge. 38-E	Is gas actually connected? TSTM	When

If this production is commingled with that from any other lease or pool, give commingling order number: NONE

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well OIL	Gas Well NO	New Well NEW	Workover NEW	Deepen NEW	Plug Back NEW	Same Res'ty. NEW	Diff. Res'ty. NEW
Date Spudded March 14, 1946	Date Compl. Ready to Prod. March 27, 1965		Total Depth 8377'		P.B.T.D. 7180'			
Pool Drinkard	Name of Producing Formation Drinkard		Top Oil/ Gas Pay 6918'		Tubing Depth 7212'			
Perforations Two jet shot at 6918', 6945', 6968', 6976', 7012', 7016', 7037', 7044', 7051', 7067', 7073', 7079', 7082', 7100', and 7110'.						Depth Casing Shoe 7212'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		274'		300 Sx.			
10 3/4"	9 5/8"		2633'		1650 Sx.			
8 3/4"	2 7/8" BLI		7212'		1000 Sx.			
8 3/4"	2 7/8" DRK		7212'		1000 Sx.			

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 March 26, 1965	Date of Test March 27, 1965	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 Hours	Tubing Pressure Swab	Casing Pressure Swab	Choke Size Swab
Actual Prod. During Test 41	Oil-Bbls. 12	Water-Bbls. 29	Gas-MCF TSTM

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

I. 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.

H. D. Raymond
Assistant District Superintendent
March 30, 1965

(Signature)

(Title)

(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 Sections I, II, III, and VI only 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.