AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS FRANSPORT OIL GAS OPERATOR Deparation I. PROMATION OFFICE TEXALOG FICE TEXA	County s to be sent)
SALTA RE SOURCE OR ALLOWABLE SUPPLIES TO ALLOWABLE OR CONSTRUCTION COMMENTS. ALLOWABLE NO SUPPLIES OF THE SOURCE OR SUPPLIES OF THE SOURCE OF TH	County s to be sent)
FILE U.G. G. G. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE ITRANSPORTER OIL AND NATURAL GAS INTERNET OIL ITRANSPORTER OIL ITRANSPORTER OIL AND NATURAL GAS INTERNET OIL ITRANSPORTER OIL AND ITRANSPORTER OIL ITRANSPORTER OIL ITRANSPORTER OIL AND ITRANSPORTER OIL ITRANSPORTER OIL AND ITRANSPORTER OIL ITRANSPORTE	County s to be sent)
LAND OFFICE IRANSPORTER ORA OPERATOR PROGRATION OFFICE LEVINO, 13. DESCRIPTION OF ILL AND MATURAL GAS INCOMPLETION OF WELL AND LEASE A. H. Blinebry ACL-1 Federal 1 11 Drinkard (OII) Description Asteros A. H. Blinebry ACL-1 Federal 1 11 Drinkard (OII) Lection Battery 3 Until Letter L 330 Peer From The Wost Line and 1980 Feer From The South Line of Section 28 Township 22-S Brange 38-E NAME Lec DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OII X) or Condensels Line of Section 28 Township 22-S Brange 38-E NAME Lec DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OII X) or Condensels Line of Section 28 Township 22-S Brange 38-E NAME Lec DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OII X) or Condensels Lector 1982 Asserts (Gas address to which approved copy of talk form I Skell VI OI Company Here il produces oil or liquids, Unit Sec. Twp. Page Designate (Gas address to which approved copy of talk form I Skell VI OI Company If this production is commingled with that, from any other lease or pool, give commingling order number: EFFECTIVE IA.NU COMPLETION DATA Designate Type of Completion - (X) Deter Completion Formation Top Oil/Com Pay Tuking Daph Performances TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE OEPTH SET SACKS CE OIL WELL OIL WELL OIL WELL OIL WELL OIL WELL OIL WELL OIL WELL SACKS CE	County s to be sent)
TRANSPORTER OLA	County s to be sent) s to be sent)
Designation of the previous were Description Description of the previous were Description Description of the previous were Description Descrip	County s to be sent) s to be sent)
Chestation Change in France	County s to be sent) s to be sent)
Address	County s to be sent) s to be sent)
Address Barrier Barri	County s to be sent) s to be sent)
Reason(s) for filing (theck proper box) New Well Change in Transporter of: Change in Transporter of: Change in Transporter of Change in Transporter of Change in Transporter of Change in Iease name. Change in Ownership give name and address of previous owner BESCRIPTION OF WELL AND LEASE Lease Name A. H. Blinebry -NCI-1 Federalized III Drinkard (011) State, Federal or Fr. Location: Unit Letter L 330 Fest From The West Line and 1980 Fest from The South Line of Section 28 Township 22-5 Range 38-E NMPM. Lea DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Coll XI or Condensate P. O. Box 1510 Midland, Toxas Name of Authorized Transporter of Coll XI or Condensate P. O. Box 1510 Midland, Toxas Name of Authorized Transporter of Coll XI or Condensate P. O. Box 1510 Midland, Toxas Name of Authorized Transporter of Coll XI or Condensate P. O. Box 1510 Midland, Toxas Norme of Authorized Transporter of Coll XI or Condensate P. O. Box 1510 Midland, Toxas Skelly 011 Company P. O. Box 1510 Midland, Toxas Skelly 011 Company Figs. In gas actually connected: When Yell condensate to which approved copy of this farm in the production is comminged with that from any other lease or pool, give commingling order number: EFFECTIVE INNUMBER OF COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Pros. Tubing, Casing, AND CEMENTING RECORD Nome of Producting Formation Tubing, Casing, AND CEMENTING RECORD Address (Give address to which approved copy of this farm in the production of toxas to which approved copy of this farm in the production of toxas to which approved copy of this farm in the production of toxas to which approved copy of this farm in the production of toxas to which approved copy of this farm in the production of toxas to which approved copy of this farm in the production of toxas to which approved copy of this farm in the production of toxas to which approved copy of this farm in the production of toxas to which approved copy o	County s to be sent) s to be sent)
Reason(s) for filing (check proper bax) Change in Transporter of:	County s to be sent) s to be sent)
Second Change in Transporter of Change in Change in lease name.	County s to be sent) s to be sent)
Change in Company Continue in Continue	County s to be sent) s to be sent)
If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Leade Name A. H. Blinebry NCL- Federal	County s to be sent) s to be sent)
DESCRIPTION OF WELL AND LEASE Lease Name A. H. Blinebry NCI- Federal	County s to be sent) s to be sent)
DESCRIPTION OF WELL AND LEASE Lease Name A. H. Blinebry NCI-I Federal	County s to be sent) s to be sent)
A. H. Blinebry NCT-1 Federal 11	County s to be sent) s to be sent)
A. H. Blinebry NCT-1 Federal 11	County s to be sent) s to be sent)
Unit Letter L : 330 Feet From The West Line and 1980 Feet From The South Line of Section 28 Township 22-S Range 38-E NMPM. Line of Section 28 Township 22-S Range 38-E NMPM. Lea DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil C or Condensate Address (Give address to which approved copy of this form in P. O. Box 1510 - Midland, Texas Name of Authorized Transporter of Casinghead Gas C or Dry Gas Address (Give address to which approved copy of this form in P. O. Box 1510 - Midland, Texas Name of Authorized Transporter of Casinghead Gas C or Dry Gas Address (Give address to which approved copy of this form in P. O. Box 1135 - Bunice, New Mexico If well produces oil or liquids, give location of tanks. E 33 22-S 38-E Yes Not Available If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE IANUAL SECOMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workever Deepen INTO CETTA OIL Date Spudded Date Compl. Ready to Prog. Total Depth Populary Security of Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TUBING, CASING, AND CEMENTING RECORD TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Text must be after recovery of total value of load oil and must be equal to or able for this depth or be for full 24 hours)	County s to be sent) s to be sent)
Unit Letter L 330 Feet From The West Line and 1980 Feet From The South Line of Section 28 Township 22-S Range 38-E NMPM. Lea DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Y or Condensate P. O. Box 1510 Midland, Texas Skelly 011 Company P. O. Box 1510 Midland, Texas Skelly 011 Company P. O. Box 1510 Midland, Texas Skelly 011 Company P. O. Box 1135 - Eunice, New Mexico If well produces oil or liquida, Unit. Sec. Twp. Rge. Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE INNU COMPLETION DATA Designate Type of Completion — (X) Date Compl. Ready to Prea. Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prea. Total Depth P.B.T.D. TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TUBING CASING, AND CEMENTING RECORD TUBING CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TIEST DATA AND REQUEST FOR ALLOWABLE (Text must be after recovery of total volume of load oil and must be equal to or able for this depth or be for fall 24 hours)	s to be sent)
Line of Section 28 , Township 22-S Range 38-E , NMPM. Lea 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 it P. O. Box 1510 - Midland, Texas Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form it P. O. Box 1510 - Midland, Texas Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form it P. O. Box 1135 - Eunice, New Mexico If well produces oil or liquids, Give location of tanks. E 33 22-S 38-E Yes Not Available If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE IANUX Designate Type of Completion - (X) Date Spudded Date Compil. Ready to Proc. Total Depth P.B.T.D. Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TUBING CASING AND CEMENTING RECORD TUBING CASING AND CEMENTING RECORD CEST DATA AND REQUEST FOR ALLOWABLE (Text must be after recovery of total values of load oil and must be equal to or able for this depth or be for fall 24 hours)	s to be sent)
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Texas—New Mexico Pipe Lina Company Name of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Give address to which approved copy of this form in P. O. Box 1510 — Midland, Texas Name of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Give address to which approved copy of this form in P. O. Box 1510 — Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1135 — Eunice, New Mexico If well produces oil or liquids, give location of tanks. E 33 22-S 38-E Yes Not Available If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE INVESTIGATE OIL SCILLY OIL COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prog. Total Depth Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TUBING, CASING, AND CEMENTING RECORD FEST DATA AND REQUEST FOR ALLOWABLE (Text must be after recovery of total volume of Idad oil and must be equal to or able for this depth or be for fall 24 hours)	s to be sent)
Texas-New Mexico Pipe Line Company Name of Authorized Transporter of Cabinghead Gas X or Dry Gas Skelly Oil Company If well produces oil or liquids, qive location of tanks. E 33 22-5 38-E Oil Well Gas Well Workover Designate Type of Completion – (X) Date Spudded Date Compl. Ready to Prec. Tubing, Casing, And Cementing Record Tubing, Casing, And Cementing Record Tubing, Casing, And Cementing Record Tubing Casing Size Tubing Casing, And Cementing Record Tubing Casing Size Tubing Casing Size Tubing Casing Size Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours) Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Not Address (Gue address to which approved copy of this form in P. O. Box 1135 – Emice, New Mexico B. O. Box 1510 – Midland, Texas Not Address (Give address to which approved copy of this form in P. O. Box 1135 – Emice, New Mexico Not Address (Gue address to which approved copy of this form in P. O. Box 1135 – Emice, New Mexico Not Address (Gue address to which approved copy of this form in P. O. Box 1135 – Emice, New Mexico Not Address (Gue	s to be sent)
Texas-New Mexico Pipe Line Company Name of Authorized Transporter of Cabinghead Gas X or Dry Gas Skelly Oil Company If well produces oil or liquids, qive location of tanks. E 33 22-5 38-E Oil Well Gas Well Workover Designate Type of Completion – (X) Date Spudded Date Compl. Ready to Prec. Tubing, Casing, And Cementing Record Tubing, Casing, And Cementing Record Tubing, Casing, And Cementing Record Tubing Casing Size Tubing Casing, And Cementing Record Tubing Casing Size Tubing Casing Size Tubing Casing Size Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours) Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Address (Give address to which approved copy of this form in P. O. Box 1510 – Midland, Texas Not Address (Gue address to which approved copy of this form in P. O. Box 1135 – Emice, New Mexico B. O. Box 1510 – Midland, Texas Not Address (Give address to which approved copy of this form in P. O. Box 1135 – Emice, New Mexico Not Address (Gue address to which approved copy of this form in P. O. Box 1135 – Emice, New Mexico Not Address (Gue address to which approved copy of this form in P. O. Box 1135 – Emice, New Mexico Not Address (Gue	s to be sent)
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form it P. O. Box 1135 - Eunice, New Mexico Production of tanks. If well produces oil or liquids, give location of tanks. E 33 22-S 38-E Yes Not Available of this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE IANUX SELLY OIL Out Well Gas Well New Well Workover Deepen INTO CENTY OIL Date Spudded Date Compl. Ready to Prod. Total Depth P. B.T.D. TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Text must be after recovery of total volume of load oil and must be equal to or able for this depth or be for fall 24 hours)	s to be sent)
Skelly Oil Company Address (Give address to which approved copy of this form in P. O. Box 1135 - Eunice, New Mexico of the produces oil or liquids, que location of tanks. E 33 22-S 38-E Yes Not Available for this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE IANUX SELLY OIL COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for fall 24 hours)	RY 31, 1977.
If well produces oil or liquids, qive location of tanks. E 33 22-S 38-E Yes Not Available for this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Proa. Date Spudded Date Compl. Ready to Proa. Total Depth Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE Test must be after recovery of total volume of Idad oil and must be equal to or able for this depth or be for fall 24 hours)	RY 31, 19 77,
f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Proa. Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for fall 24 hours)	RY 31, 1977.
this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA	RY 31, 1977.
Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Proa. Date Spudded Date Compl. Ready to Proa. Date Spudded Date Compl. Ready to Proa. Total Depth P.B.T.D. Tubing Depth Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of Idad oil and must be equal to or able for this depth or be for fall 24 hours)	
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)	COMPANY
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of Idad oil and must be equal to or able for this depth or be for fall 24 hours)	
Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of Idad oil and must be equal to or able for this depth or be for fall 24 hours)	
Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of Idad oil and must be equal to or able for this depth or be for fall 24 hours)	i
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for fall 24 hours)	
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for fall 24 hours)	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for fall 24 hours)	
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for fall 24 hours)	
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)	MENI
oble for this depth or be for full 24 hours)	
Del Sin Well. able for this depth or be for full 24 hours)	
Data Street of the for just 24 hours)	
	exceed top allow-
Date of Test Producing Method (Flow, pump, gas lift, etc.)	
Length of Test Tubing Pressure Casing Pressure Choice Size	
Actual Prod. During Test	44.
Water-Bbls. Gas-MCF	
Actual Prod. Test-MCF/D Length of Test	
Length of Test Bbls. Condensate/MMCF .: Gravity of Condensate	
esting Method (pitot, back pr.) Tubing Pressure Cosing Pressure Choke Nive	
ERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	N!
immission have been complied with and that the information is the information of the complication of the complication of the complication of the complete co	9
ove is true and complete to the best-of my knowledge and but if the true to the true of the true to the best-of my knowledge and but if the true to the true true to the true true true true true true true tru	
TITLE ENGINEER DISCOURSE	
The left of the second of the	11111
If this is a request for allowable for a newly deal.	
Well, this form must be accompanied by a rabilition of tests taken on the well in accordance with RULE 114	a or deepened
(Title) All sections of this form must be fitted out community	the deviation
and an entering the second of	the deviation —
P 1 1967 able on new and recompleted wells. Fill out Sections I, II, III, and Vi and Vi	the deviation type for allow-
Will and Santonia I II III and	the deviation in the for allow- set of owner, and condition.