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LAND 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

TEXASO, INC.  
DRAWER 723

HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐  
Casinghead Gas ☐  
Dry Gas ☐  
Condensate ☐

Other (Please explain)

Change in lease name.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>A. H. Blinbry NCT-1 Federal</b>	Well No. <b>11</b>	Pool Name, Including Formation <b>Drinkard (Oil)</b>	Kind of Lease State, Federal or Fee
Location <b>Battery 3</b>			
Unit Letter <b>L</b>	<b>330</b>	Feet From The <b>West</b>	Line and <b>1980</b>
Line of Section <b>28</b>		Township <b>22-S</b>	Range <b>38-E</b>
		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"/> <b>Texas-New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510 - Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1135 - Eunice, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>33</b>	Twp. <b>22-S</b>	Rge. <b>38-E</b>	Is gas actually connected? <b>Yes</b>	When <b>Not Available</b>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations				Depth, Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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

BY

TITLE

ORIGINAL  
SIGNED BY: **ENGINEER DISTRICT**

This form is to be filed in compliance with RULE 2-1004.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviation tests taken on the well in accordance with RULE 2-101.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and V only for a new or owner, well name or number, or transporter, or other such information.

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

E. H. SCOTT

DIST. ACCOUNTANT

SEP 1 1967

(Signature)

(Title)

(Date)