

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND DEVIATION OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
AUG 25 10 16 AM '67

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator		TEXACO, INC.	
Address		DRAWER 728	
		HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change in lease name.	
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	Well No. Pool Name, Including Formation Kind of Lease
A. H. Blinbry <del>NOT</del> Federal / VET-1	14 South Paddock State, Federal or Fee
Location	
Unit Letter M	330 Feet From The West Line and 330 Feet From The South
Line of Section 28	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"/>	Address (Give address to which approved copy of this form is to be sent)
Famariss Oil & Refining Company	P. O. Box 980 - Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Company	P. O. Box 1135 - Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
M 28 22-S 38-E	Yes November 1, 1961

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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>AUG 30 1967</u> , 19	
E. H. SCOTT (Signature)		BY _____	
DIST. ACCOUNTANT (Title)		TITLE _____	
SEP 1 1967 (Date)		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.	