NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

Form C-10 able will b month of	4 is to e assign comple	be sub ned effection of	mitted in ective 7:0 r recomple	by the operator before an initial allowable will be assigned to any complet QUADRUPLICATE to the same District Office to which Form C-101 w 0 A.M. on date of completion or recompletion, provided this form is fil etion. The completion date shall be that date in the case of an oil well w st be reported on 15.025 psia at 60° Fahrenheit. TEXACO Inc. – Po	vas sent. The allow- ed during calendar when new oil is deliv- D Box 728		
TEXACO	HERE			Hobbs, New Mexico Septemb (Place) NG AN ALLOWABLE FOR A WELL KNOWN AS: A. H. Blinebry NCT-1 , Well No. 14 , in SW	(Date)		
		•	•	(Lease) , T22-S, R	Pool		
Lea				County. Date SpuddedJung. 29, 1961. Date Drilling Completed	July 27 1061		
Please indicate location:				Elevation 33871 (D.F.) Total Depth 72001 PBT	D <u>Open Hole</u>		
D	C	В	A	Top Oil/G _{RX} Pay5234 [†] Name of Prod. FormGloi			
	• •			PRODUCING INTERVAL -			
EF	F	G.	H	Perforations 5234 ¹ to 5255 ¹			
				Open Hole <u>69221_to_72001</u> Casing Shoe <u>69221</u> Tubir			
L	К	J	I	OIL WELL TEST - Natural Prod. Test:bbls.oil,bbls water inhr	Choke		
		0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil			
M	N			load oil used): 60 bbls.oil, 0 bbls water in 9 hrs,			
X				GAS WELL TEST -			
				Natural Prod. Test:MCF/Day; Hours flowedCho	ke Size		
Tubing , Casing and Cementing Record							
Size			Sax -	Test After Acid or Fracture Treatment:MCF/Day; Hou			
<u>9 5/8</u> "	13	32	. 700	Choke SizeMethod of Testing:			
7"	69	12	400	Acid or Fracture Treatment (Give amounts of materials used, such as acid	, water, oil, and		
0.0/01				sand): See Remarks	·····		
2 3/8" 5180			Press Press. 100 oil run to tanks September 11, 1961				
				Oil Transporter TEXACO Inc. (Trucks)			
,	Pon	fanat	o 711 O	Gas Transporter None			
Remarks:				D. Liner with 2 Jet shots per foot 5234' to 5255!			
••••••	ACL	utse.		O Gals IST NEA.	••••••		
	•••••	·····			••••		
				mation given above is true and complete to the best of my knowledge.			
Approved		·····	/ ^	, 19	(Company gr Operator)		
		NSERV	ATION	COMMISSION By: MIRAL	By: AMARIA		
11		N	////	(Signature)	(Signature)		
	<u> </u>	<u></u>	KU		Title Assistant District Superintendent		
Title							
	/			NameH. N. Wade			
	•		w.,	Address PO Box 728 - Hobbs, New .	Mexico		