

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

P. O. Box 352, Midland, Texas

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

TEXACO Inc.

A. H. Blinbry NCT-4

Well No. 1, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,

(Company or Operator)

(Lease)

P Unit Letter, Sec. 31, T. 22-S, R. 38-E, NMPM, Tubb Pool

Lea

Please indicate location:

County Lea Date Spudded 3-19-59 Date Drilling Completed 4-16-59
Elevation 3354 (DF) Total Depth 7105' PSTD 7066'

Top Oil/Gas Pay 6100' Name of Prod. Form. TUBB

PRODUCING INTERVAL -

Perforations 6100' to 6220'

Open Hole None Depth 7105' Depth Casing Shoe 5868'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 3,450,000 MCF/Day; Hours flowed 24

Choke Size 24/64" Method of Testing: GOR

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): See remarks

Casing Press. - Tubing Press. 1220 Date first new oil run to tanks July 19, 1959

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter Permian Basin Pipe Line

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8"	303	400
9 5/8"	2972	2100
7"	7094	500
3 1/2"	349	

Remarks: Perforate 7" OD casing with 2 jet shots per ft. from 6100' to 6220'. Acidize with 1000 gals. 15% LST NEA acid. Sand frac with 20,000 gals. refined oil and 20,000 lbs. sand, along with 100 gals. control flo in 24 bbls. lease crude. Job complete 8:30 P.M., April 28, 1959.

I hereby certify that the information given above is true and complete to the best of my knowledge. April 28, 1959.

Approved _____, 19____

TEXACO Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ (Signature)

Title Assistant District Superintendent
Send Communications regarding well to:

Name J. G. Blevins, Jr.

Address P. O. Box 352, Midland, Texas

By: _____
Title _____

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator TEXACO Inc.				Lease A.H. Blinebry NCT-4		Well No. 1	
Unit Letter P	Section 31	Township 22-S	Range 38-E	County Lea			
Pool Tubb (Gas)				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter *	Section 31	Township 22-S	Range 38-E	

Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
Texas New Mexico Pipe Line	P.O. Box 1510 Midland, Texas

Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>	Date Connected 7-21-61	Address (give address to which approved copy of this form is to be sent)
Northern Natural Gas Company		P.O. Box 2376 Hobbs, New Mexico

If gas is not being sold, give reasons and also explain its present disposition:

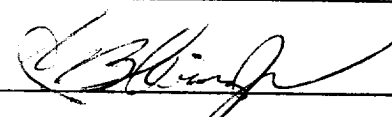
REASON(S) FOR FILING (please check proper box)

- New Well ... New Well..... ☒ Change in Ownership ☐
Change in Transporter (check one) Other (explain below)
Oil ☐ Dry Gas ☐
Casing head gas . ☐ Condensate.. ☐

Remarks
* Battery located in center of unit letter N & O

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 2nd day of August, 1961.

OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		Assistant District Superintendent
Date		Company TEXACO Inc.
		Address P.O. Box 728 Hobbs, New Mexico