

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 QUADRUPPLICATE 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.

PO Box 352 Midland, Texas June 18, 1959
(Place) (Date)

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

TEXACO Inc. A.H. Blinebry NCT-4 Well No. 1, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

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

Lea County. Date Spudded 3-19-59 Date Drilling Completed 4-16-59
Elevation 3354 (DF) Total Depth 7105 PBD 7066
Top Oil/Gas Pay 5556 Name of Prod. Form. Blinebry

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P X

PRODUCING INTERVAL -

Perforations 5556' to 5604', 5618' to 5658', and 5704' to 5730'

Open Hole none Depth Casing Shoe 7105' Depth Tubing 5497

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): 170 bbls. oil, 0 bbls water in 13 hrs, 0 min. Choke Size 32/64"

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: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

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

Casing Tubing Date first new Press. — Press. 300 oil run to tank: June 12, 1959

Oil Transporter Texas-New Mexico Pipe Line

Gas Transporter None

Remarks: Perforate 7" o.d. casing with 2 jet shots per ft. from 5556' to 5604', 5618' to 5658', and 5704' to 5730'. Acidize perforations with 1000 gals regular 15% acid. Sand free with 20000 gals refined oil & 20000 lbs sand.

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

Approved June 18, 1959, 19 TEXACO Inc. (Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: _____ (Signature)

Title District Accountant

Send Communications regarding well to:

Name E.H. Scott

Address PO Box 352 Midland, Texas