

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

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator  
**TEXACO Inc.**

Address  
**P.O. Box 728, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☒

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

**Effective March 25, 1971**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>A.H. Blinebry Fed. NCT-1</b>	Well No. <b>15</b>	Pool Name, Including Formation <b>South Paddock</b>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <b>LC-032104(a)</b>
Location Unit Letter <b>D</b> ; <b>330</b> Feet From The <b>West</b> Line and <b>330</b> Feet From The <b>North</b> Line of Section <b>33</b> Township <b>22-S</b> Range <b>38-E</b> , NMPM, <b>Lea</b> 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 79701</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 88231</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>28</b>	Twp. <b>22S</b>	Rge. <b>38E</b>	Is gas actually connected? <b>Yes</b>	When <b>March 14, 1962</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977,**

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir
<b>DATE SPUNDED</b>		<b>DATE COMPI. READY TO PROD.</b>		<b>TOTAL DEPTH</b>		<b>P.B.T.D.</b>		
<b>ELEVATIONS (DF, RKB, RT, GR, etc.)</b>		<b>NAME OF PRODUCING FORMATION</b>		<b>TOP OIL/GAS PAY</b>		<b>TUBING DEPTH</b>		
<b>PERFORATIONS</b>		<b>DEPTH CASING SHOE</b>						
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
<b>HOLE SIZE</b>		<b>CASING &amp; TUBING SIZE</b>		<b>DEPTH SET</b>		<b>SACKS CEMENT</b>		

**SKELLY OIL COMPANY MERGED  
INTO GETTY OIL COMPANY.**

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

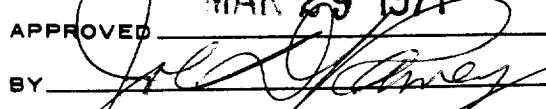
GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

  
(Signature)  
**Assistant District Superintendent**  
(Title)  
**March 26, 1971**  
(Date)

OIL CONSERVATION COMMISSION  
**MAR 29 1971**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE **SUPERVISOR DISTRICT 1**

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 only Sections I, II, III, and VI 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.

RECEIVED

MAR 20 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.