

DISTRIBUTION	
ANTA FE	
ILE	
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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-11
Effective 1-1-65

Operator TEXACO Inc.	
Address P. O. Box 728, Hobbs, New Mexico 38240	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well ☐	Change in Transporter at ☐
Incompletion ☒	Day ☐ Day ☐
Change in Ownership ☐	Discontinue Use ☐ Reconsolidate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.H. Blinbry Fed.	Well Name, including Formation 3 Drinkard	Kind of Lease State <u>Federal</u> or Fee	Lease No. LC-032104
Location			
Unit Letter E	2306	Feet From Top North	660 Feet From Top West
Line of Section 31	Township 22-S	Range 38-E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Gas, if different Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1135, Eunice, New Mexico 88231	
If well produces oil or liquids, give location of tanks. B 31 22-S 38-E	Is gas actually connected? Yes	When 12-22-75

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)				DATE	DATE	DATE	DATE	DATE	DATE	DATE
				4-12-63	5-24-63	7641'	7632'			
Date Spudded				Date Cement Ready to Prod.		Total Depth		F.B.T.D.		
Elevations (DF, RKB, RT, CF, etc.) 3317' DF				Name of Producing Formation Drinkard		Tubing Depth 6370'		Tubingless		
Perforations Perf. 2 7/8" OD Csg. W/1-JSPF @ 6666', 6370', 6753', 6755', 6853', 6859', 6866', 6882', 6887', 6896', 6909', 6922', & 6926'						Depth Casing Shoe 7641				
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"		8 5/8"		1206'		700				
7 7/8"		2 7/8"		7640'		*				
7 7/8"		2 7/8"		7640'		*				
*2-Strings w/2000 Sacks										

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)

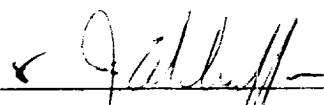
Date First New Oil Run To Tanks 12-22-75	Date of Test 12-22-75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 2	Water-Bbls. 2	Gas-MCF 9

GAS WELL

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

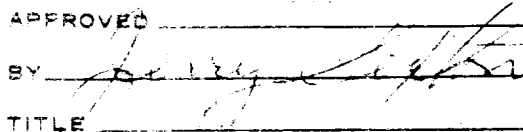
VI. CERTIFICATE OF COMPLIANCE

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)

1-7-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE _____

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.