DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND 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

I.

Operator
TEXACO Inc.

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

Reason(s) for filing *(Check proper box)*

New Well		Change in Transporter of:	
Recompletion	X	Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
A.H. Blinebry Fed. NCT-3	3	Drinkard	State, Federal or Fee	LC-032104

Location
Unit Letter **E** **2366** Feet From The **North** Line and **660** Feet From The **West**

Line of Section **31** Township **22-S** Range **38-E** NMPM, **Lea** County

EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address *(Give address to which approved copy of this form is to be sent)*
Texas-New Mexico Pipe Line Co.	**P. O. Box 1510, Midland, Texas 79701**
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address *(Give address to which approved copy of this form is to be sent)*
Skelly Oil Co.	**P. O. Box 1135, Eunice, New Mexico 88231**

If well produces oil or liquids give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	31	22-S	38-E	Yes	12-22-75

If this production is commingled with that from any other lease or pool, give commingling order number: PC-81

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-12-63	5-24-63	7641'	7632'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3317' DF	Drinkard	6370'	Tubingless

Perforations **Perf. 2 7/8" OD Csg. W/1-JSPF @ 6666', 6670', 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 *(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)*

OIL WELL

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

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)
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.