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LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

June 2, 1971

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

FILE	- REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.	ALITHOPIZATION TO T	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	ADTHORIZATION TO TI	RANSFORT OIL AND NATURAL	GAS	
TRANSPORTER OIL				
GAS				
OPERATOR	4			
PRORATION OFFICE Operator				
TEXACO Inc.				
Address				
P.O. Box 728 - Hobb	os, New Mexico 88240			
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion Change in Ownership		Gas densate		
Change in Ownershap				
If change of ownership give name and address of previous owner				
and address of previous owner				
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation Kind of Lea	N. N.	
A.H. Blinebry Federal N		_		
Location Battery 3	01-1 10 1000 (0	1437	1 Ederal LC-032 104(	
	60 Feet From The West L	_ine and 2022 Feet From	n The South	
Line of Section 33 To	ownship 22-S Range	38-E , NMPM.	County	
		SKELLY OIL COMPANY	MERGED	
II. DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Oi		JAG	Bied copy of this form is to be sent)	
Texas-New Mexico Pipe		P.O. Box 1510, Midland		
Skelly 011 Company (Lo		Address (Give address to which appr	oved copy of this form is to be sent)	
Skelly 011 Company (Lo Northern Natural Gas C	w Pressure) Company (High Pressure)	P.O. Box 1135, Eunice, P.O. Box 2376, Hobbs	New Mexico 88231	
If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	hen	
give location of tanks.	E 33 22-S 38-	E Yes	February 19, 1965	
If this production is commingled wi	ith that from any other lease or poo	l, give commingling order number:	PC-21	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
Designate Type of Completi			1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
·				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations			Depth Cdsing shoe	
	TURING CASING A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be able for this	e after recovery of total volume of load of depth or be for full 24 hours)	il and must be equal to or exceed top allow-	
OIL WELL 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	
		Water - Bbls.	Gas - MCF	
Actual Prod. During Test	Oil-Bbls.	Wdter - Bbis.	Gds-MCr	
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 COMPLIAN	ICE		ATION COMMISSION	
			3 19/1	
I hereby certify that the rules and Commission have been complied	with and that the information give		mil	
above is true and complete to th	e best of my knowledge and belief	I. BY	my	
A 4	•	TITLE SUPERVISO	R DISTRICY	
	/		compliance with RULE 1104.	
(XXXXXXIII	1	If this is a request for all	nwable for a newly drilled or deepened	
(Vilen	nature)	well, this form must be accomp tests taken on the well in acc	penied by a tabulation of the deviation	
Assistant Distric	t Superintendent	Att sections of this form a	nust be filled out completely for allow-	
	itle)	able on new and recompleted	wells.	

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.

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JUN 21971
OIL CONSERVATIO : COMM. HOBBS, N. 4.