	NO. OF COPIES RECEIVED					
	DISTRIBUTION					
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS				
	OPERATOR					
I.	PRORATION OFFICE					
	Operator					
	Address Reason(s) for filing (Check proper box)					
	New Well					
	Recompletion					
	Change in Ownershi	.p				
	If change of owners	ahin aina ma				
	and address of pre-	vious owner	<u>.</u>			
II.	DESCRIPTION C	OF WELL A	ND LEAS			
		10.7 .*	Nom 5			
	A · Fi ·	Blinebry	MCT-1			
			// 0			
	Unit Letter	D;'	<u>660</u>			
		29				
	Line of Section		, Township			

DISTRIBUTION	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSN REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-104 a				
SANTA FE	4					
	AND U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OCT 5 104 PH 355					
OIL						
OPERATOR		,				
I. PRORATION OFFICE						
Address	TEMACO Inc.					
Address	P. O. Box 728 - Hobbs, New Mexico					
Reason(s) for filing (Check proper b		Other (Please explain)				
New Well	Change in Transporter of:		nge in Casinghead Gas			
Recompletion Change in Ownership	Oil Dry C		from Warren to Skelly Oil			
orange in Ownership	Conde	ensate Company.				
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND	Vell No. Pool N	ame, Including Formation	Kind of Lease			
A. H. Blinebry E		Drinkard	State, Federal or Fee			
Location						
Unit LetterD;66	O Feet From The West Li	ine and 660 Feet F	rom The North			
Line of Section 29	ownship 22-S Range	38-E NMPM	Lea			
Elite of Section 27 , 1	ownship 22-D Range	, NMPM,	Lea County			
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS				
Name of Authorized Transporter of C	il X or Condensate	Address (Give address to which a	approved copy of this form is to be sent)			
Texas-New Mexico P		P. O. Box 1510 - Midland, Texas				
*Skelly Oil Company	Name of Authorized Transporter of Casinghead Gas 🗶 or Dry Gas 🗌 *Skelly Oil Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1135 - Eunice, New Mexico			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
give location of tanks.	E 33 22-S 38-E	YES	October 1, 1965			
If this production is commingled w	rith that from any other lease or pool,	give commingling order number:	PC-29			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Complet	ion - (X)	, beeper	Some Resv. Dill. Resv.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
		D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V. TEST DATA AND REQUEST F OIL WELL	TOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-			
Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, ga	us lift, etc.)			
		, , , , , , , , , , , , , , , , , , , ,				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbls.					
Actual Float Build Test	Oli-Bbis.	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					
t county memory (proof, back pro)	I doing Pressure	Casing Pressure	Choke Size			
71. CERTIFICATE OF COMPLIAN	CE	OIL CONSED	NATION CONTRACTOR			
		OIL CONSERVATION COMMISSION				
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19			
above is true and complete to the	with and that the information given best of my knowledge and belief.	BY				
-						
6.16		TITLE				
7/1/		This form is to be filed in compliance with RULE 1104.				
E. H. Scott (Sign	ature)	If this is a request for allowable for a newly drilled or deepened				
District Accountant	,	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Ti	ele)	All sections of this form	must be filled out completely for allow-			
October 1, 1965		able on new and recompleted wells. Fill out Sections I. II. III. and VI only for changes of owner.				

Fill out Sections I, II, III, and VI only 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.

(Date)

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NEW MEXICO OIL CONSERVATION COMMISS

Form C-104 110

FILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
U.S.G.S.	ALITHODIZATION TO T	AND	
LAND OFFICE	AUTHORIZATION TO TI	RANSPORT OIL AND NATUR	AL GAS
FRANSPORTER OIL GAS		Oc.	5 1 04 FH 255
OPERATOR	TO SHARE A		
Operator Operator			·
Address	TEXACO Inc.		
	P. O. Box 728	- Hobbs, New Mexico	
Reason(s) for filing (Check proper	box)	Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry		ge in Casinghead Gas
Change in Ownership	· · · · · · · · · · · · · · · · · ·	densate Company.	from Warren to Skelly Oil
If change of ownership give nam		oompany •	
and address of previous owner _	e		
DESCRIPTION OF WELL AN	IN I FACE		
Lease Name	Well No. Pool N	Name, Including Formation	Kind of Lease
A. H. Blinebry N	CT-1 B attem 2 19	Blinebry	State, Federal or Fee
	60 Wast	660	
Unit Letter ; O	60 Feet From The West L	ine and OOO Feet F	rom The North
Line of Section 29	Township 22-3 Range	38-E , NMPM,	Lea County
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	14.0	
Name of Authorized Transporter of	Oil 🗶 or Condensate 🔲	Address (Give address to which a	pproved copy of this form is to be sent)
Texas-New Mexico Pi		P. 0. Box 1510 - Mi	dland, Texas
Name of Authorized Transporter of *Skelly Oil Company	Casinghead Gas X or Dry Gas		pproved copy of this form is to be sent)
<u></u>	Unit Sec. Twp. Rge.	P. O. Box 1135 - Euglis gas actually connected?	
If well produces oil or liquids, give location of tanks.	E 33 22-S 38-E	YES	October 1, 1965
If this production is commingled	with that from any other lease or pool	give commingling order number:	PC-29
COMPLETION DATA		•	
Designate Type of Comple	tion - (X) Oil Well Gas Well	New Well Workover Deeper	James 11 Dill. Res V
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool			
P001	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	
	JANUARY POSITION SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	EOD ALLOWADIE (T		
DIL WELL	able for this d	ifter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
lesting Method (pitot, back pr.)	Tubing Pressure		
		Casing Pressure	Choke Size
ERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	VATION COMMISSION
ommission have been complied.	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief,	APPROVED	, 19
			:
Carled.		TITLE	
CAT DOUT			n compliance with RULE 1104.
	nature)	well, this form must be accome	owable for a newly drilled or deepened panied by a tabulation of the deviation
istrict Accountant		lests taken on the well in acc	cordance with RULE 111.
ctober 1, 1965	itle)	able on new and recompleted	
	ate)	Fill out Sections I. II. II	I and VI only for changes of
		Service France C 121	orter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.