NO. OF COPIES RECEIVED						1.				
DISTRIBUTION	NEWME	אורט טוו (	CONSERVATION	ON COMMISS	Si1	110	- C-104			
SANTA FE	1		FOR ALLO		-)r: ,	Sup	ersedjas Old C	C-104 and C-1		
FILE		40_0.	AND			EB 25 Ette	ective 18165	•		
U.S.G.S.	AUTHORIZATIO	ON TO TRA		IL AND NA	TURAL C	SAS .	9. "	$c_{c}$		
LAND OFFICE	AUTHORIZATIO	al permi	ssion to	commingl	e produ	ction fr	om the f	ollowing		
TRANSPORTER OIL	wells in the	Tubb, B	linebry,	& Drinka	rd Pool	s, as of	March/1	351965.		
GAS	A. H. Blineb	ry NCT-1	. Well Nos	. 6,7,10	),12,17,	18,20,21	, and 22	•		
OPENATOR										
PRORATION OFFICE							<u> </u>			
Operator	77774 CO T									
	TEXACO Inc.									
Address	P. O. Box 72	8 - Hobb	e Now Me	rico						
Reason(s) for filing (Check proper b	•			ner <i>(Please e:</i> <b>his for</b> m		to show	change i	n		
Recompletion	Change in Transporte	Dry G					mian Cor			
Change in Ownership	Casinghead Gas	•	- H .				Line Co			
Change in Owneramp	Castrigheda Gas []	Conde	nsdle							
If change of ownership give name and address of previous owner			<del> </del>			* '				
DESCRIPTION OF WELL AND		N. In. in				1				
A. H. Blinebry NCT-1	Well 2	1	me, Including F <b>linebry</b>	ormation		Kind of Lea	F	ederal		
Location	L									
Unit Letter E ; 66	Feet From The W	est Lir	ne and198	0	Feet From	The Nor	th			
Line of Section 20 , T	ownship 22-S	Range	38 <b>-</b> E	, NMPM,		Lea	·	County		
DESIGNATION OF TRANSPO	RTER OF OIL AND NA	TURAL GA	ıs							
Name of Authorized Transporter of C				e address to t	vhich approx	ed copy of th	is form is to l	be sent)		
Texas-New Mexico Pip	P. O. Bo	x 1510 -	Midlan	d, Texas						
Name of Authorized Transporter of C	Name of Authorized Transporter of Casinghead Gas 🛣 💮 or Dry Gas 🦳				vhich approx	ed copy of th	is form is to b	be sent)		
Skelly Oil Company	<del></del>				P. O. Box 1135 - Eunice, New Mexico					
If well produces oil or liquids,	Unit Sec. Twp.		Is gas actual	ly connected?	Whe	<sup>n</sup> To be c	onnected	on or		
give location of tanks.	B 19 22-	S 38-E	NO				h 1, 196			
If this production is commingled w	vith that from any other lea	ase or pool,	give comming	ling order n						
COMPLETION DATA	Oil Well	Gas Well		Workover	Deepen	Plug Back		Diff. Res'v.		
Designate Type of Complet	ion - (X)	l Gds Well	I I	workover !	Deepen	Prug Back	Same des.A.	Dill. Res'v.		
Date Spudded	Date Compl. Ready to Pro	od.	Total Depth	<u></u>		P.B.T.D.	i	<del>i</del>		
	· · ·									
				· · · · · · · · · · · · · · · · · · ·						
Pool	Name of Producing Forma	tion	Top Oil/Gas	Pay		Tubing Dept	th			
	Name of Producing Forma	tion	Top Oil/Gas	Pay		Tubing Dept	th			
	Name of Producing Forma	tion	Top Oil/Gas	Pay		Tubing Dept				
Pool	Name of Producing Forma	tion	Top Oil/Gas	Pay						
Pool			Top Oil/Gas							
Pool		ASING, AND	CEMENTING			Depth Casin		NT		
Perforations	TUBING, C	ASING, AND	CEMENTING	RECORD		Depth Casin	ng Shoe	NT		
Pool Perforations	TUBING, C	ASING, AND	CEMENTING	RECORD		Depth Casin	ng Shoe	NT		
Perforations	TUBING, C	ASING, AND	CEMENTING	RECORD		Depth Casin	ng Shoe	NT		
Perforations  HOLE SIZE	TUBING, C CASING & TUBING	ASING, AND	CEMENTING	RECORD		Depth Casin	ng Shoe	NT		
Perforations  HOLE SIZE  TEST DATA AND REQUEST I	TUBING, C CASING & TUBING FOR ALLOWABLE (Te	ASING, AND G SIZE	CEMENTING  C  (ter recovery of	G RECORD EPTH SET	of load oil a	Depth Casir	og Shoe			
Perforations  HOLE SIZE  TEST DATA AND REQUEST I	TUBING, C CASING & TUBING  FOR ALLOWABLE (Te	ASING, AND G SIZE	CEMENTING  C  fter recovery of pth or be for fu	G RECORD EPTH SET  total volume ll 24 hours)		Depth Casir	og Shoe			
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(Title)

(Date)

February 24, 1965.

All sections of this form must be filled out completely for allowable on new and recompleted wells. 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,