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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-110  
Effective 1-1-65

Operator

TEXACO Inc.

Address

P. O. Box 728 - Hobbs, New Mexico

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name A. H. Blinebry NCT-1	Well No. 20	Pool Name, Including Formation Drinkard	Kind of Lease Federal State, Federal or Fee
Location Unit Letter E 660 Feet From The West Line and 1980 Feet From The North Line of Section 20 Township 22-S Range 38-E NMPM, Lea County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 38 - Hobbs, New Mexico
If well produces oil or liquids, give location of tanks. Unit E Sec. 20 Twp. 22-S Rge. 38-E	Is gas actually connected? YES When Jan. 5, 1965.

If this production is commingled with that from any other lease or pool, give commingling order number: NO

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded Nov. 27, 1964	Date Compl. Ready to Prod. January 4, 1965	Total Depth 7200'	P.B.T.D. 7167'
Pool Drinkard	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6960'	Tubing Depth 7198'
Perforations 6960', 6979', 6988', 7004', 7013', 7015', 7018', 7022', 7030', 7059', and 7076'.			Depth Casing Shoe 7198'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	1336'	700
BLI 8 3/4"	2 7/8"	7198'	800
TUBB 8 3/4"	2 7/8"	7198'	800
DRK 8 3/4"	2 7/8"	7198'	800

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)

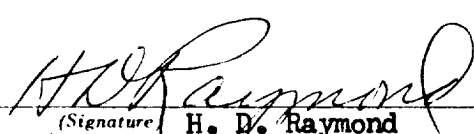
Date First New Oil Run To Tanks January 1, 1965	Date of Test January 4, 1965	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 6 Hours	Tubing Pressure 150	Casing Pressure ---	Choke Size 2 1/2/64"
Actual Prod. During Test 90	Oil-Bbls. 90	Water-Bbls. NONE	Gas-MCF 90

GAS WELL

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

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) H. D. Raymond  
Assistant District Superintendent  
(Title)

January 5, 1965.  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

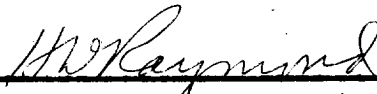
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out 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.

I H. D. Raymond being of lawful age and being  
the Assistant District Supt. for TEXACO Inc., do state  
that the deviation record which appears on this form is  
true and correct to the best of my knowledge.



H. D. Raymond

Subscribed and sworn to before me this 5th day of  
January, 19 65.

My commission expires October 20, 1966.

Notary ~~Public~~ 

R. E. Johnson

for Lea County, State of New Mexico

Lease A. H. Blinebry NCT-1

Well No. 20

Deviation Record

Depth

Degrees Off

680'	1/2
860'	1
1082'	3/4
1340'	3/4
1700'	1/2
2053'	1
2450'	3/4
2700'	3/4
2975'	3/4
3395'	1 1/2
3763'	1 1/4
3850'	1
4005'	1
4240'	1
4574'	1
4882'	1 1/2
5120'	1 1/4
5409'	1
5611'	1 3/4
5878'	1 1/4
6106'	1 3/4
6486'	1
6672'	1/4
6871'	1/2
7074'	3/4
7200'	3/4