	NO. OF COPIES RECEIVED  DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISS 4	/// Fbrm C+104
	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISS.  REQUEST FOR ALLOWABLE  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  Form C-104  Superacdes Old C-104 of Effective 171-85  O. C. C.		Superneden Old C-104 and C-11 Eliective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL (	SASTUG 25 10 TO C. C. C
	LAND OFFICE			10 10
	TRANSPORTER GAS	I AM		147 °67
	OPERATOR			
I.	PRORATION OFFICE Operator	TEXACO, IN	Ç	
	DRAWER 728			
	Reason(s) for filing (Check proper box)  HOBBS, NEW MEXICO 88240  Other (Please explain)			
	New Well Change in Transporter of:			
	Recompletion Oil Dry Gas Change in lease name.			
	Change in Ownership Casinghead Gas Condensate			
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND	LEASE		
	A. H. Blinebry NCT F		me, including Formation	Kind of Lease State, Federal or Fee
	Location Unit Letter N . 66	50 Feet From The South Lin	as and 1980 Feet From	The Wast
	20	wnship 22-S Range	70 "	_
**	<del></del>			d County
11.	Name of Authorized Transporter of Oil		Address (Give address to which appro-	• • • • • • • • • • • • • • • • • • • •
	Texas-New Mexico Pipe Line Company  Name of Authorized Transporter of Casinghead Gas  or Dry Gas		P. O. Box 1510 - Midland, Texas  Address (Give address to which approved copy of this form is to be sent)	
	Skelly Oil Company		P. O. Box 1135 - Eunice, New Mexico	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 19 22-S 38-E	Is gas actually connected? Who	March I, 1965
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number: EX	
V.	COMPLETION DATA	Oil Well Gas Well	SK.	FITY OUT COLOR
	Designate Type of Completic	on – (X)	IN	IO GETTY OIL COMPANY.
	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
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
			,	
V.	TEST DATA AND REQUEST FOOLL WELL		fter recovery of total volume of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-
	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
	Bengan or Yest	Tubing Freebure	Cdaing Fleasma	Choke dize
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF
·			<u> </u>	<u></u> J
1	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Cooks Bosses	
	resting Method (paot, oder pr.)	1 aptid Liessma	Casing Pressure	Choke Size
71.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION  ALL 20 1962	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED AUG 3 0 1967	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		ORIGINAL & THREE COPIES SIGNED BY: LRIC F. ENGERECHA	
			TITLE ENGINEER TRATEIOT No. 1	
	441		This form is to be filed in compliance with RULE 1104.	
	P. I. Scorre (Signature)		If this is a request for allowable for a newly drilled or deepened	
	E. H. SCOTT DIST, ACCOUNTANT		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
•	SEP 1 1967 (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)			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.	