NO. OF COPIES RECI		
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	
Sperator		

	SANTA FE FILE	NEW MEXICO DIE CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65			
	U.S.G.S.	AUTHORIZ	ATION TO TRA		II AND NATU	RAI GA	S	
*	LAND OFFICE	AOTTORIZ	ATION TO THE	1101 0111 0	IL AND NATO	NAL OA		
	TRANSPORTER OIL							
	GAS							
	PRORATION OFFICE		į					
1.	Operator							
			TEXACO Inc.) 				
	Address		P. O. Box 7	228 Habi	he New Mew	ioo		
	Reason(s) for filing (Check proper bo		r. U. DOX (her (Please expla			
	New Well	Change in Tra	asporter of:		mor (1 reads expec	,		
	Recompletion	011	Dry Go	ıs 🔲				
	Change in Ownership	Casinghead Go	S Conder	nsate				
	If change of ownership give name							
	and address of previous owner							
11.	DESCRIPTION OF WELL AND	LEASE	\sim					
	Lease Name		Well No. Pool Na		Formation	1	Kind of Lease	'ederal
	A. H. Blinebry NCT-1		25 Dr	inkard	(CT)		State, Federal or Fee	···
	Location N 66	.0	South	169	50		West	
	Unit Letter N ; OO	Feet From Th	Lin	ne and	Fee	t From The	,	
	Line of Section 28 , T	ownship 22-S	Range 3	8 - E	, NMPM,		Lea	County
II.	DESIGNATION OF TRANSPOR				e address to which	h approved	copy of this form is to	he centl
	Texas-New Mexico Pipe		.sate					ve sem)
	Name of Authorized Transporter of C		or Dry Gas	P. O. Box 1510 - Midland, Texas Address (Give address to which approved copy of this form is to be sent)				be sent)
	Skelly Oil Company			P. 0.	Box 1135 -	Eunice	e, New Mexico	
	If well produces oil or liquids,	Unit Sec.	Twp. Rge.	1	lly connected?	When		
	give location of tanks.	E 33	22-S 38-E	YES		1	May 17, 1965	
	If this production is commingled w	ith that from any oth	er lease or pool,	give comming	gling order numb	er:]	PC-21	
١٧.	COMPLETION DATA	Oil We	ll Gas Well	New Well	Workovet Dee	pen F	Plug Back Same Res	v. Diff. Res'v.
	Designate Type of Complet	ion - (X) OII	L NO	NEW	NEW	NEW	NEW NEW	NEW
	Date Spudded	Date Compl. Ready		Total Depth	7050.	F	P.B.T.D.	****
	April 21, 1965	May 17, 19		Top Oil/	72501		7242	
	Drinkard	Drinkard	rormation		5870 •		Tubing Depth 721481	
	Perforations Two jet shots at 68701, 69001, 69341, 6					70671	Depth Casing Shoe	
	70781, 70891, 70961, 7	102 ', 7105 ' , '	71 <u>35', 7137'</u>	, 7150°,	71821, 719	11,	- 72481	
			IG, CASING, AND	T		7 223 ' •		
	HOLE SIZE	CASING & T	UBING SIZE	1402 t			SACKS CEME	ENT
	TU 7 7/8"	2 7/8			72451		600 Sx.	
	DRK 7 7/8"	2 7/8			72481		1000 Sx.	
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE	(Test must be a)	fter recovery of	f total volume of l	oad oil and	l must be equal to or ex	ceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	able for this de		ethod (Flow, pump	gas lift.	etc.)	
	May 15, 1965	May 17, 1965		Flow		, , , ,	,	
	Length of Test	Tubing Pressure		Casing Press	sure		Choke Size	
	11 Hours	325					20/64"	
	Actual Prod. During Test	Oil-Bbls. 88		Water-Bbls.	MONTE	1	Gas-MCF	
-	1	1 00			NONE		97. 5	
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Conder	isate/MMCF	G	Gravity of Condensate	ı
	Towns Make desired hards at		·					
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Press	ure	0	Choke Size	
71 (CERTIFICATE OF COMPLIAN	ICE			011 00110			
/ 1.	CERTIFICATE OF COMPLIAN	CE					ON COMMISSION	
	I hereby certify that the rules and	ereby certify that the rules and regulations of the Oil Conservation			APPROVED, 19			
Commission have been complied with and that the information given			ВУ					
above is true and complete to the best of my knowledge and belief.								
				TITLE				
	1 De	\bigcirc		This	form is to be fil-	ed in com	pliance with RULE	1104.
	I D Borney	naturé)		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.				
	H. D. Raymond Sike Assistant District Super	erintendent						
(Title)				All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	May 18, 1965		}	aore on ne	" and recomple.	ca 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.

	I, H. D. Raymond being of lawful age and being the
	Assistant District Superintendent for TEXACO Inc., do state that
	the deviation record which appears on this form is true and correct to
1	the best of my knowledge.
	H. D. Raymond Subscribed and sworn to before me this the 18th day of May
	19 65
	My commission expires October 20, 1966.
, †	R. E. John
	Notary Public in and for Lea County, State of New Mexico.
	Lease A. H. Blinebry NCT-1 Well No. 25

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DEF	TH		• •	DEGI	REES OFF
	201 041 231 331 401 501 561 761 411 801			•	3/4 3/4 1 1/4 1 1/4 1 3/4 1 1/4 1 3/4 1 3/4 2 1/4 2 1/4
415 492 562 563 616 631 663 712	741 281 261 161 621 751 841				2 1/4 2 3/4 1 3/4 2 3/4 1 3/4 1 3/4 2 1/4 1 1/2 2 1/4