

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

AND
A. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

Operator Texaco Inc.	
Address P. O. Box 728 Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Well triple downhole commingled in the Blinbry, Drinkard and Tubb pools
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.M. Blinbry Fed. NCT-1	Well No. 26	Pool Name, including Formation Tubb	Kind of Lease State, Federal or Fee	Lease No. LC-032104(a)
Location Unit Letter B ; 1980 Feet From The East Line and 660 Feet From The North				
Line of Section 29 Township 22 S Range 38 E NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.	Is gas actually connected? When
E 33 22S 38E	Yes November 11, 1974

If this production is commingled with that from any other lease or pool, give commingling order number:

PC-29

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-10-65	Date Compl. Ready to Prod. 11-11-74	Total Depth 7200'	P.B.T.D. X					
Elevations (DF, RKB, RT, GR, etc.) 3386' RT	Name of Producing Formation Tubb	Top Oil/Gas Pay 6236'	Tubing Depth 7190'					
Perforations Perforate 2 7/8" casing w/2 JSPI @ 6236', 44', 47', 53', 58', 69', 78', 86', 94', 6300' 06', 18', 24', 38' & 6347'	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 2 7/8" cas set @ 7197'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	1394'	670 sx					
8 3/4"	2 7/8"	7197'	1200 sx					
8 3/4"	2 7/8"	7197'	1200 sx					

V. 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 11-11-74	Date of Test 11-11-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 35	Oil - Bbls. 35	Water - Bbls. 7	Gas - MCF 227

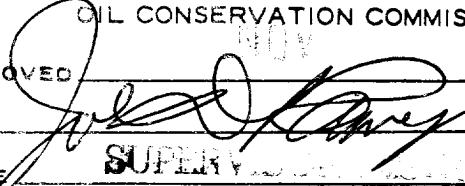
GAS WELL

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

VI. 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)
Assistant District Superintendent
(Title)
November 14, 1974
(Date)

OIL CONSERVATION COMMISSION
APPROVED  19____
BY _____
TITLE **SUPERVISOR**

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 only Sections I, II, III, and VI 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.

RECEIVED

NOV 14 1974

OIL CONSERVATION COMM.
HOBBS, N. M.