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			NEW MEXICO OI	_ CONSERVATION CC	ss .	· Form C		
	SANTA FE	·	REQUE	ST FOR ALLOWABL	E ·	Supers	edes Old C-104 and C-110	
	U.S.G.S.	·		AND	• • •		ive 1-1-65	
	LAND OFFICE		JRIZATION TO I	ANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL	· · ·			4.22	111 '67		
	GAS				• •		•	
	OPERATOR	· · · ·				•		
1.	PRORATION OFFICE	<u> </u>	TIVICO					
	Address DRANER 728							
	NOBBS, NEW MEXICO 83240							
	Reason(s) for filing (Check proper bo	eason(s) for filing (Check proper box) Other (Please explain)						
	New Weil							
	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	•			· · ·		•	
п.	DESCRIPTION OF WELL AND LEASE							
		Name, Including Formatic						
	A. H. Blinebry NET-I Federal N // 26 Blinebry State, Federal or Fee						or Fee	
	Datuery 2							
	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 Gounty							
	EFFECTIVE TANUARY 21 TOT							
II. ,	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS SKELLY OIL COMPANY MERCED							
	Name of Authorized Transporter of Of Texas-New Mexico Pipe	Address (and assist to Up the CRONOP depay of this form is to be sent)						
	Name of Authorized Transporter of Co	P. U. Box 15	P. O. Box 1510 - Midland, Texas Address (Give address to which approved copy of this form is to be sent)					
	Skelly Oil Company		or Dry Gas	P_{\bullet} 0. Box 11	stownich appro 35 - Funic	oved copy of this fi no Now Movi	orm is to be sent)	
	If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually conne	cted?	herr		
	give location of tanks.	E 3	3 22-S 38-I		••	July 10, 1	965	
1	If this production is commingled wi	ith that from an	y other lease or poo	l, give commingling or		PC-29		
۱ ۷	COMPLETION DATA							
	Designate Type of Completion - (X)			New Well Workove	r [†] Deepen	Plug Back Sa	me Res'v. Diff. Res'v.	
ŀ	Date Spudded	Date Compl. Ready to Prod.		Total Depth	۱ , • 1	P.B.T.D.		
						P.B.I.D.		
	Pool	Name of Produc	ing Formation	Top Oil/Gas Pay		Tubing Dépth		
-	Perforations			_				
	Depth Casing Shoe							
F	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE		& TUBING SIZE	DEPTH SET		SAEK	SCEMENT	
						- SACK	J GLIVENT	
-								
┝								
v	PEST DATA AND DEOLIEST D				· · ·			
•••	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)							
ſ	Date First New Oil Run To Tanks Date of Test			Producing Method (Flow, pump, gas lift, etc.)				
		•.						
	Length of Test	Tubing Pressur	e	Casing Pressure		Choke Size		
-	Actual Prod. During Test	Oll-Bbls.						
		OII-BDIS.		Water-Bbls.		Gas-MCF.		
1								
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
					•			
	resting Method (pitot, back pr.)	Tubing Pressure	•	Casing Pressure		Choke Size		
	EDTIFICATE OF COMPLEX		······································					
4. U	ERTIFICATE OF COMPLIANC) н		915	CONSERVA	TION COMMIS	SION	
I	hereby certify that the rules and r	APPROVED						
C	nereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.			CRIGINAL & THEFT COPIE				
at	ove is true and complete to the	BYLCNED BY: ERIC						
		TITLE ENGINEER DESERVICE						
	gales .							
·	CALINE C	This form is to be filed in compliance with $RULE 1104$. If this is a request for allowable for a newly defiled or decoursed						
	H. SCOTT (Signa)	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						
υ,	ST. ACCOUNTANT	tests taken on the well in accordance with RULE 111.						
SF	EP 1 1967	Ail sections of this form must be filled out completely for allow- able on new and recompleted wells.						
(Date)				Fill out Sections I, II, III, and VI only for changes of owner,				
	11/41			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.			. Poor in multiply	

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