NO. OF COPIES RECEIVED				
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SANTA FE		OIL CONSERVATION COMMISSION	Form C-104	
FILE	REQU	EST FOR ALLOWABLE	Supersedes Old C-104 and C-	
within a real or the second second or the second se		AND	E. C. C. Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL AND MATURA	L GAŞ	
LAND OFFICE			20 AN '67	
IRANSPORTER OIL			of	
GAS				
OPERATOR				
PRORATION OFFICE	Trvnoo	1010		
Operator	TEXACO	, livu.		
	DRAWE	R 728		
Address				
	HOBBS, NEW N	IEXICO 88240		
Reason(s) for filing (Check proper b	ox)	Other (Please explain)	***************************************	
New Well	Change in Transporter of:	Como (1 reade express)		
		ory Gas Change in lea	350 63m0	
Recompletion	=		ase lidile.	
Change in Ownership	Casinghead Gas	Condensate		
I. change of ownership give name and address of previous owner				
Lease Name		ool Name, Including Formation	Kind of Lease	
A. H. Blinebry MCT-	F Federal NOT/ 26	Blinebry	State, Federal or Fee	
Location				
Unit Letter B : I	980 Feet From The East	Line and 660 Feet Fro	North	
Unit Letter B ; 1	980 Feet From The Last	Line and OOO Feet Fro	om The North	
Line of Section 29	Cownship 22-5 Range	• 38- E . NMPM.	0.2	
Line of Section 29	Township 22-5 Range	9 38-E , NMPM, I	Lea County	
. DESIGNATION OF TRANSPO				
Name of Authorized Transporter of C			proved copy of this form is to be sent)	
Texas-New Mexico Pipe	*.	P. 0. Box 1510 - Mid	land, Texas	
Name of Authorized Transporter of C	Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
Skelly Oil Company		P. 0. Box 1135 - Euni	P. O. Box 1135 - Eunice, New Mexico	
**************************************	Unit Sec. Twp. Rg		When	
If well produces oil or liquids, give location of tanks.	E 33 22-S 3		July 10, 1965	
			······································	
If this production is commingled	with that from any other lease or	pool, give commingling order number:_	PC-29	
· COMPLETION DATA	Oil Well Gas W	ell New Well Workover Deepen	[D] - D1 [C D1 [DW D1	
Designate Type of Complete		/ell New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
			P.B.T.D.	
Data Spudded	Date Compl. Boady to Dred			
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
Date Spudded	Date Compl. Ready to Prod. Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
		Top Oll /Gas Pay		
		Top Oll /Gas Pay		
Pool		Top Oll /Gas Pay	Tubing Depth	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Pool	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth Depth Casing Shoe	
Perforations	Name of Producing Formation TUBING, CASING	Top Oll/Gas Pay	Tubing Depth	
Perforations	Name of Producing Formation TUBING, CASING	Top Oll/Gas Pay	Tubing Depth Depth Casing Shoe	
Perforations	Name of Producing Formation TUBING, CASING	Top Oll/Gas Pay	Tubing Depth Depth Casing Shoe	
Perforations	Name of Producing Formation TUBING, CASING	Top Oll/Gas Pay	Tubing Depth Depth Casing Shoe	
Perforations HOLE SIZE	Name of Producing Formation TUBING, CASING CASING & TUBING SIZE	Top Oll/Gas Pay , AND CEMENTING RECORD DEPTH SET	Tubing Depth Depth Casing Shoe SACKS CEMENT	
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(Title)

(Date)

SEP

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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.

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