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TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JUL 13 2 48 PM '65

I. Operator: **TEXACO Inc.**

Address: **P. O. Box 728 - Hobbs, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input 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. H. Blinebry NCT-1 Battery 2** Well No.: **26** Pool Name, including Formation: **Blinebry** Kind of Lease: **State, Federal or Fee**

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 Pipe Line Company	P. O. Box 1510 - Midland, Texas
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.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 33 22-S 38-E YES July 10, 1965

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
	OIL	NO	NEW	NEW	NEW	NEW	NEW	NEW
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
June 10, 1965	July 10, 1965	7200'	6707'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Blinebry	Blinebry	5626'	7197'					
Perforations Perforate 2 7/8" Casing 1 jet shot at 5626', 5643', 5707', 5716', 5730', 5746', 5756', 5766', 5790', 5799', 5804', and 5831'.			Depth Casing Shoe					
			7197'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	1394'	670 Sx.					
8 3/4"	2 7/8" RLI	7197'	1200 Sx.					
8 3/4"	2 7/8" DRK	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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
July 9, 1965	July 10, 1965	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
13 Hours	425	- - -	18/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
124	124	NONE	195.8

GAS WELL

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

W. E. Morgan (Signature)
Assistant to the District Superintendent (Title)

July 12, 1965. (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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 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.

JUL 12 10 27 AM '65

I, W. E. Morgan, being of lawful age and being the
Assistant to the District Superintendent for TEXACO Inc., do state that
the deviation record which appears on this form is true and correct to
the best of my knowledge.

W. E. Morgan
W. E. Morgan

Subscribed and sworn to before me this the 8th day of July,
19 65.

My commission expires October 20, 1966.

R. E. Johnson
Notary Public in and for Lea County,
State of New Mexico.

Lease A. H. Blinbry NCT-1 Well No. 26

DEVIATION RECORD

<u>DEPTH</u>	<u>DEGREES OFF</u>
449'	3/4
973'	1
1395'	1
1723'	3/4
2370'	1/4
2745'	1/4
2930'	1/2
3269'	1
3393'	1 1/4
3875'	2 1/4
4257'	1 1/2
4599'	1
4720'	1
5010'	1
5222'	1 1/2
5825'	1 1/2
6038'	1
6258'	1
6491'	2
6600'	2 3/4
6912'	2 1/4
7200'	2 1/4