DISTRIBUTION SANTA FE

NEW MEXICO OIL CONSERVATION COMMISS. REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE				HOPAND OFFICE O. C. C.	Effective 1-1-65	
	U.S.G.S.		1	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		GAS	
	LAND OFFICE	T			May 26 2 13 AM '69		
	TRANSPORTER	OIL	 	-			
	00504700	GAS		4			
	OPERATOR		 	_			
I.	Operator	PRORATION OFFICE perator					
	TEXACO Inc.						
	Address						
	P. O. Box 728 Hobbs New Marrian Branch						
	P. O. Box 728, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain)						
	Sind to touch capture,						
	Recompletion Since the Change in Transporter of: Recompletion Dry Gas Re-Complete in Blinebry Zone.						
	Change in Ownership Casinghead Gas Condensate						
ı							
	If change of ownership give name and address of previous owner and address of previous owner.						
,							
II.	ESCRIPTION OF WELL AND LEASE WAS also alle what all allass is, IIK						
i	Lease Name			Well No. Pool Name, Including I	Formation Kind of Leas	Legse No.	
	A. H. Blinebry Fed. NCT-1 28 Blinebry State, Federal or Fee LC-032104						
	Location						
İ	Unit Letter A ; 330 Feet From The East Line and 990 Feet From The North						
	Feet From The NOPTH						
	Line of Section 29 Township 22-S Range 38-E SFECTIVE JANUARY 31, 1977, SKELLY OU COMPANY ACTOR						
					EFFECTIVE JANUARY 31	, 19 77 ,	
II. j	DESIGNATION O	F TRA	NSPOR	TER OF OIL AND NATURAL G	AS COMPANY	MERGED	
	Name of Authorized Transporter of Oil X or Condensate Address Cive and See Substitute and Address Cive and See See Substitute and See See See See See See See See See Se						
Ĺ	Texas-New Mexico Pipe Line Compan			Line Company	1		
				singhead Gas 🔀 or Dry Gas 🗍	P.O. Box 1510 Midland Address (Give address to which appro	ved copy of this form is to be sent)	
Ĺ	Skelly Oil C	Compan	y		2 0 Pay 1135 Funica	Nov. Mandan	
ſ	If well produces oil	or liquid		Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en lexico	
	give location of tank		•	E 33 22-S 38-E	Yes	ugust 28, 1965	
	f this production is	s commi	noted wi	th that from any other lease or pool,			
v . j	COMPLETION D	ATA	ilerca wi	in that from any other lease of poor,	give comminging order number:	PC-29	
ſ			1	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Typ	pe of Co	ompletio	$\operatorname{on} - (X) \mid X$	X I	x	
Γ	Date Spudded	_		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
L	July 28, 196			May 20, 1969	7310	6200'	
. [Elevations (DF, RKE	B, RT, GI	R, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Ŀ	3376' (DF)			Blinebry	5721'	2-7/8" csg set 0 7310'	
	Perforations Perf	orate	d_w/1	JSPF 05721, 5742-5745,	5748-5851, 5795, 5801.	Depth Casing Shoe	
L	Perforations Perforated w/l JS 5806, 5812, 5816, 5821, 5			, 5826, 5845, 5850, 5857 5983_5990, 5990, 5999	5870, 5876, 5886, 5895 6015, 6019	7310'	
L			• • • • • •	TUBING, CASING, ANI	D CEMENTING RECORD		
L	HOLE	SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11"			8-5/8"	1315'	600 sx	
	7 - 7/8	11		2-7/8"	7310'	1050 sx	
_	7-7/8	11		2-7/8"	7310	1050_sx	
L							
		REQU	EST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
_	Oll, WELL, able for this depth				epth or be for full 24 hours)		
	May 20, 19		ank s	Date of Test	Producing Method (Flow, pump, gas lij	t, etc.)	
_		303		May 20, 1969	Pump		
	Length of Test 24 hrs			Tubing Pressure	Casing Pressure	Choke Size	
_				-	-	•	
- '	Actual Prod. During 7	rest		Oil-Bhis.	Water - Bbls.	Gas-MCF	
_	20 0012			12	38	220	
	3.4.5 W.T						
_	AS WELL Actual Prod. Test-M	105 fb		I		T	
	Actual Prod. 1881-M	ICF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
_							
	Testing Method (pitor	t, back p	r. <i>)</i>	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
L							
i, C	ERTIFICATE O	F COM	PLIANC	CE CE	QIL CONSERVA	TION COMMISSION	
				·	() Jui	2,1060	
I hereby certify that the rules and regulations of the Oi				egulations of the Oil Conservation	APPROVED	, 19	
C al	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				BY AR RAINES		
-							
					TITLE SUPERVISOR DISTRICT		
	se	M	h	I	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	XII	A	hu	$n_{2}/\sqrt{}}$			
-	(Signature), Assistant District Superintendent (Title)				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 allow-		
-							
May 26, 1969					able on new and recompleted wells.		
	110	-1 20 9		e)	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		
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				;			