NO. CE COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OF	CONSCIENTATION CONTROL	
SANTA FE	DEOLIES	CONSERVATION COMMISSION	Form C-194
FILE	K L WOLS	T FOR ALLOWABLE 0. D. C	Supersedes Old C-104 and C-1 . Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NATURA	ΛΙ CAS:
LAND OFFICE	: .	Uct 3 2"55 PM 6	The GAS
TRANSPORTER OIL		A. :	
OPERATOR GAS		•	
PRORATION OFFICE		••	
Operator	- PEARSO, INC.	•	
			•
Address	HOBBS, NEW MEXICO	) onexa	
Reason(s) for filing (Check proper	hav)		
New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry C	Gas Change in le	eace name
Change in Ownership		ensate Olitaligo III le	suse mame.
If change of ownership give name			
and address of previous owner			•.
I. DESCRIPTION OF WELL AN	DIFACE		,
Lease Name	Well No. Pool N	ame, Including Formation	Kind of Lease
A. H. Blinebry NGT-	Federal Not 1:28	Tubb	State, Federal or Fee
Location	Battery 2		
Unit Letter A	Feet From The East	ine and 990 Feet Fr	rom The North
Line of Section 29	Township 22-S Range	70 F	
Line of Section 25	Township 22-S Range	38-E , NMPM,	Lea County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of	Oil 🛣 or Condensate 🔲	Address (Give address to which ap	pproved copy of this form is to be sent)
Texas-New Mexico Pip	De Line Company  Casinghead Gas 🙀 or Dry Gas 🦳	P. O. Box 1510 - Mic	iland, Texas
Skelly Oil Company	Jasinghead Gas or Dry Gas		pproved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	P. O. Box 1135 - Eur	N'Ce, New Mexico
give location of tanks.	E 33 22-S 38-E	Yes	, when   August 28, 1965
If this production is commingled	with that from any other lease or pool,		· · · · · · · · · · · · · · · · · · ·
COMPLETION DATA			.PC-29
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	•	
	Bate Compr. Neddy to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	. Tubing Depth
	•		
Perforations			Depth Casing Shoe
	THEIR CASING AND	:	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	
	. Onome a Toping Size	DEPTH SET	SACKS CEMENT
	·	· · · · · · · · · · · · · · · · · · ·	
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of loads	oil and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas	·
		r roducing Method (r tow, pamp, gas	int, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MEF ,
	1	•	
GAS WELL	•	•	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	· ·	•	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Cloke Size
		•	
CERTIFICATE OF COMPLIAN	iCE	OIL CONSERV	ATION COMMISSION
I heraby cortify that the rules and		ARRENOVED S.	<b>06</b> T 4
Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	, 19
above is true and complete to th	e best of my knowledge and belief.	EY- ORICITION	<del></del>
		TITLE SIGNED PY	Karamatan Bangalan Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn K
and the same to be		1.781	
			to suplinance with ROLE 1104.
	iature)	well, this form must be accomp	owable for a newly drilled or deepened panied by a tabulation of the deviation
DIST. ACCOUNTANT		tests taken on the well in acc	fordance with RULE 111.
SEP 1 1967	itle)	will sections of this form number on new and recompleted v	must be filled out completely for allow- wells.
randa in the second of the	ate)	Fill out Sections I, 'H, II	
111		well name or number, or transpo	arenur to a lace of a a africandition

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE			1	
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	014			
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				

## W MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	NO. OF COPIES RECEIVED			- N
	DISTRIBUTION			NE NE
	SANTA FE			
	FILE			
	U.S.G.S.		AUTHORIZ	
	LAND OFFICE			NOTITION 2
	TRANSPORTER	OIL		
	TRANSPORTER	GAS		
	OPERATOR	OPERATOR		
١.	PRORATION OFFICE			
	Operator			

€10€ 0. **c. c.** ZATION TO TRANSPORT OIL AND NATURAL GAS -TEXACO, INC. DRAWER 728 Address HOBBS, NEW MEXICO 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Recompletion OII Dry Gas Change in lease name. Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease A. H. Blinebry NGT- Federal NCT-/ Drinkard State, Federal or Fee Location 330 Feet From The East Line and 990 Feet From The North Line of Section 29 , Township 22-5 38-E Range , NMPM, County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🗶 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 ( or Dry Gas Address (Give address to which approved copy of this form is to be sent) Skelly Oil Company P. O. Box 1135 - Eunice, New Mexico Sec. If well produces oil or liquids, give location of tanks. Unit Twp. Rge. Is gas actually connected? Ε 33 22-S 38-E Yes August 25, 1965 If this production is commingled with that from any other lease or pool, give commingling order number: PC-29 V. COMPLETION DATA Oil Well Ggs Well New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Pool Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Water - Bbls. Gas - MCF **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 I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. ORTOTAL AT SIGNED BIL L

I hereby certify that the rules and regulations of the Oil Conservation

21	Story	
E. H. SCOTT	(Signature)	
DIST. ACCOUNTA	NT	

1 1967

(Title)

(Date)

TITLE

This form is to be filed in compliance with RULE 1104.

ENCINE

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