| Management and the Assertation | | - | |
|--------------------------------|-----|---|---|
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| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | 1 | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | 01L | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | I |
| Operator | | | |

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION PEOLIEST EOD ALLOWADIE

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

| FILE | REQUEST | ANDITION ALLOWABLE O. C. (| Cffective 1-1-65 | | | | | |
|---|---|---|---|--|------------------|---------|--|---|
| U.S.G.S. | | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | |
| LAND OFFICE | NOTION EXPONE | Aug 25 III 22 III 1 | 17 | | | | | |
| TRANSPORTER OIL | | 100 20 10 22 1111 0 | • | | | | | |
| GAS | | | | | | | | |
| PRORATION OFFICE | | | | | | | | |
| Operator | TEXACO, | 1110. | | | | | | |
| | DRAWER | | | | | | | |
| Address | | | | | | | | |
| | HOBBS, NEW M | | | | | | | |
| Reason(s) for filing (Check proper | | Other (Please explain) | | | | | | |
| New Well Recompletion | Change in Transporter of: Oil Dry G | Change in lea | 250 8240 | | | | | |
| Change in Ownership | \exists | cas Change in lea | ise trane. | | | | | |
| | | | | | | | | |
| If change of ownership give name and address of previous owner | e | | | | | | | |
| and address of previous owner | | | ************************************** | | | | | |
| II. DESCRIPTION OF WELL AN | | | | | | | | |
| Lease Name | ; ; | ame, Including Formation | Kind of Lease | | | | | |
| A. H. Blinebry NCI- | Federal NOT-/ 35 | Drinkard | State, Federal or Fee | | | | | |
| м | 660 Feet From The South | 660 | W+ | | | | | |
| Unit Letter; | 660 Feet From The South Li | ne and 660 Feet Fr | om The West | | | | | |
| Line of Section 21 | Township 22-S Range | 38-E , NMPM, | Lea County | | | | | |
| <u> </u> | | | osam, | | | | | |
| | RTER OF OIL AND NATURAL GA | | | | | | | |
| Name of Authorized Transporter of | | | oproved copy of this form is to be sent) | | | | | |
| Texas-New Mexico Pip | Casinghead Gas X or Dry Gas | P. O. Box 1510 - Midland, Texas Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Skelly Oil Company | Constitutional Constitution of Diff Gas | P. O. Box 1135 - Eunice, New Mexico | | | | | | |
| | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | | | | |
| If well produces oil or liquids, give location of tanks. | B 19 22-S 38-E | - I | March 25, 1966 | | | | | |
| If this production is commingled | with that from any other lease or pool, | give commingling order number: | PC=244 | | | | | |
| V. COMPLETION DATA | - | | 10-244 | | | | | |
| Designate Type of Comple | tion - (X) Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | | | |
| | | | | | | | | |
| 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 | | | | | |
| | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | D CEMENTING RECORD | 51575 05757 | | | | | |
| HOLE SIZE | CASING & FUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| V. TEST DATA AND REQUEST | | | oil and must be equal to or exceed top allow- | | | | | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | epth or be for full 24 hours) Producing Method (Flow, pump, ga | s lift, etc.) | | | | | |
| | | , reducing worked (1 too, pamp, go | 3 15,15, 21217 | | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | | |
| | | | | | | | | |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF | | | | | |
| <u> </u> | | | | | | | | |
| GAS WELL | | | | | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | | | |
| | | | | | | | | |
| resung Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | | | | | |
| | | | | | | | | |
| I. CERTIFICATE OF COMPLIA | . CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | | | | |
| | | | | | | | | |
| 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. E. H. SCOTT (Signature) | | APPROVED | 19 | | | | | |
| | | NED NED | | | | | | |
| | | TITLE ENGINEE | | | | | | |
| | | 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 | | | | | | |
| | | | | | DIST. ACCOUNTANT | | tests taken on the well in accordance with RULE 111. | |
| | | | | | SEP 1 1967 | (Title) | | All sections of this form must be filled out completely for allowable on new and recompleted wells. |
| SEP 1 1967 | | .! | III, and VI only for changes of owner. | | | | | |

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.