

MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
 Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas, September 18, 1952

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

The Texas Company E.E. Blinebry (b) NCT-2, Well No. 1, in SW 1/4 SW 1/4,
 (Company or Operator) (Lease)

M, Sec. 26, T. 23-S, R. 37-E, NMPM, Langlie-Mattix Pool
 (Unit)

Lea County. Date Spudded. 2-20-52, Date Completed. 9-4-52

Please indicate location:

X			

Elevation 3254.30 (Gr.) Total Depth 7539, P.B. 3806

Top oil/gas pay 3455 Top of Prod. Form

Casing Perforations from 3455' to 3508' & from 3538' to 3595'

Depth to Casing shoe of Prod. String - -

Natural Prod. Test No test BOPD

based on bbls. Oil in Hrs. Mins.

Test after ~~acid~~ Hydrafraced 264.96 BOPD

Based on 264.96 bbls. Oil in 24 Hrs. - - Mins.

Gas Well Potential

Size choke in inches. 24/64" choke

Date first oil run to tanks or gas to Transmission system: 9-4-52

Transporter taking Oil or Gas: Texas-New Mexico Pipe Line Co.

Casing and Cementing Record

Size Feet Sax

13-3/8	300	300
8-5/8	2885	1500
5-1/2	4029	475

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved Sept - 22, 19 52

The Texas Company

(Company or Operator)

By: [Signature]

(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: The Texas Company

Address: Box 1270, Midland, Texas

OIL CONSERVATION COMMISSION

By: [Signature]

Title: [Signature]