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Appropriate District Office
DISTRICT I
P.O. Bux 1980, Hobbs, NM 28240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Ameria, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410		uia Pe, New M							
L		OR ALLOWAE ANSPORT OIL							
Openior Texaco Exploratio	We			ell API No. 30-025-10909					
Address									
P.O. Box 730, Ho Reason(s) for Filing (Check proper box)	bbs, New Mex	d.co 88241-			 				
New Well	Other (Please explain) Name error								
Recompletion	Name change from EE Blinebry 'B' Federal NCT-1 #3 to EE Blinebry 'A' Fed NCT-1 Com #3								
If change of coerator give name	Casinghead Gas	Condensate X	NCI-1 #3 C	O EE B.	linebry	A Fed	NCT-1	Com #3	
and address of previous operator II. DESCRIPTION OF WELL.	ANDIRACE	<u> </u>		· · · · · · · · · · · · · · · · · · ·		·		<u></u>	
Lesse Name	ing Formation		Kind o	of Lease No.					
E.E. Blinebry A Fed NCI	1 Com #3	Jalmat Tans	sil Yates 7	River	s XXX	Federal or KexXX	LC-032	2545(A)	
Unit Letter K	: 1980	Feet From The	South Line and	1980	Fo	et From Tbe	West	Line	
Section 3] Township	23 S	Range 37 E	, NMPM,	Lea				County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil Texaco Trading and Tra	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casing	P.O. Box 60628 Midland, Tx 79711-0628 Address (Give address to which approved copy of this form is to be sent)								
Texaco Exploration & Production Inc			P.O. Box 1	137 Eı					
If well produces oil or liquids, give location of tanks.	Unit Sec. K 31	yes	· ·			10-2-91			
If this production is commingled with that f IV. COMPLETION DATA	from any other lease or Dual Complet	pool, give comminging in the My	i ng order number: Vers Langlie			on Order		<u> </u>	
Designate Type of Completion -	Oil Well	Gas Well	New Well Wor	kover	Deepen	Plug Back Sar		Diff Res'v	
Date Spudded	Date Compl. Ready to	D Prod.	Total Depth	<u>X</u>		BBTD		1 X	
1950	3-20-91	3602 '			P.B.T.D. 3602 '				
Elevations (DF, RKB, RT, GR, etc.) 3324 DF	Name of Producing R Jalmat T Y 7	Top Oil/Gas Pay 2983'			Tubing Depth 2969'				
Perforations	2703			Depth Casing Shoe					
2703 3223	TURING	CASING AND	CEMENTING E	ECOPD		3440'	~		
HOLE SIZE	CASING & TI	DEPTH SET			SACKS CEMENT				
· · · · · · · · · · · · · · · · · · ·	9 5/8"		1181'			700	circ		
	7"			3440'			525- TOC @ 2020/ Temp S		
V MDOM D I MI I AND D DOVING									
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLOW,		he emial to an ever	d tan alla	hl- 6 41 (-	41 1 6 6			
	Date of Test	Producing Method (Flow, pury	o, gas lift, el	c.)	ul 24 hour	s.)		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF				
GAS WELL	<u> </u>		<u> </u>						
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
503 mcfpd Testing Method (pitot, back pr.)	24 hours		5.05			. na			
4 pt. back pressure	Tubing Pressure (Shur 355 psig	(-II)	Casing Pressure (Shut-in) na			Choke Size 25/64			
VL OPERATOR CERTIFIC		PLIANCE			·				
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION					N	
is time and combiers to gue per of my it	Date Approved								
Telet Milet									
Signature Robert McNaught	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR								
Printed Name 10-18-91	Title								
Date Date		Title 393-7191 phone No.				·			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I. II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCT 2 1 1991

CAS HOSSS OFFICE