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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**CARTER FOUNDATION PRODUCTION COMPANY**  
Address **P.O. Box 900 Kermit, Texas 79745**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Plug back from Teague Devonian to Teague Blinebry.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **E.C. Hill Federal** Well No. **2** Pool Name, including Formation **Teague Blinebry** Kind of Lease **Federal** Lease No. **064118**  
Location  
Unit Letter **H** Feet From The **1981** North Line and **810** Feet From The **East**  
Line of Section **34** Township **23-S** Range **37 E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Texas New Mexico Pipe Line Company** Address (Give address to which approved copy of this form is to be sent)  
**Jal, New Mexico 88252**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**El Paso Natural** Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit **D** Sec. **35** Twp. **23-S** Rge. **37-E** Is gas actually connected? **Yes** When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion - (X) ☒ Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☒ Same Res'tv. ☐ Diff. Res'tv. ☒  
Date Spudded Date Compl. Ready to Prod. Total Depth **7331** P.B.T.D. **5830**  
Elevations (DF, RKB, RT, GR, etc.) **3275 RKB 3261 GR** Name of Producing Formation **Teague Blinebry** Top Oil/Gas Pay **5290** Tubing Depth **5815**  
Perforations **5290 - 5815** Depth Casing Shoe **7171**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**8 3/4** **7"** **7,171** **500 SX**  
**2"**

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)  
Date First New Oil Run To Tanks **5-21-74** Date of Test **6-15-1974** Producing Method (Flow, pump, gas lift, etc.) **Flowing**  
Length of Test **24 hours** Tubing Pressure **80#** Casing Pressure **Packer** Choke Size **2 1/4/64**  
Actual Prod. During Test **156** Oil - Bbls. **106** Water - Bbls. **50** Gas - MCF **238.2**

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

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. V. Drake**  
(Signature)

**Production Superintendent**  
(Title)

**June 17, 1974**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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 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 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 completed wells.