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U.S.G.S.		
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

Operator Carter Foundation Production Company	
Address P. O. Box 900, Kermit, Texas 79745	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Texaco, Inc., P.O. Box 3109, Midland, Texas 79701**

Lease Name E.E. Blinebry "B" Fed. NCT-4	Well No. 2	Pool Name, including Formation Langlie Mattix Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. 032545
Location				
Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 35 Township 23-S Range 37-E , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)	
Will plug and abandon				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			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	Sec.	Twp.	Rge.
Is gas actually connected?		When		

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

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE

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	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
	Water - Bbls.
	Gas - MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
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.	
Robert D. Fitting (Signature)	
Agent (Title)	
July 26, 1972 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	JUL 31 1972 , 19
BY	Joe D. Ramey Dist. I, Supv.
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.	

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JUL 5 1972

OIL CONSERVATION COMM.
HOUSE, H. IL.