	DISTHIBUTION						
	SANTA FE	NEW MEXICO OIL	ISSION	Form C-104			
	FILE	REQUEST FOR ALLOWABLE AND Supersedes Old C-104 and C-110 Effective 1-1-65					
	U.S.G.S.						
	LAND OF THE	AUTHORIZATION TO TRA	ANSPORT OIL AND I	NATURAL GA	ĄŞ		
EANUEL OF THE STATE OF THE STAT							
	TRANSPORTER GAS	†					
	OPERATO-	1					
	PRORATION OFFICE	1					
.	Operator						
	Bronco Oil Corporation						
	Address						
	P.O.Box 5114, Midland, Texas						
	Reason(s) for filing (Check proper box)	Other (Please	explain)			
	New Well	Change in Transporter of:	This wel	sed as a dual	oil-oil		
	Recompletion	Oll Dry Go	Gas producer from the Blinebry & Tubb-Drinkar				
	Change in Ownership	Casinghead Gas Condensate formations.					
	If change of ownership give name						
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND						
	Lease Name	Well No. Pool Name, Including F		Kind of Lease		Lease No.	
	Travis	2 Teague Blineb	ory State, Federal		or Fee Fee		
	Location						
	Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East						
	Line of Section 21 Tov	vnship 23-S Range 37	-Е , имрм	·	Lea	County	
	PEGIGUATION OF MEANGROOM		. ~				
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address)	a which approve	ed cany of this form is to	he senti	
	j	_				ve sem,	
	Name or Authorized Transporter of Cas	ermian Corporation P. O. Box 3119, Mid			l, lexas ed copy of this form is to	be senti	
	El Paso Natural Gas Co		P. O. Box 1492, El Paso, Texas				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		n lexas		
	give location of tanks.	J 21 23-S 37-E	No	1.71	thin 30 days		
-	To at it and a site of the committee of						
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA						
		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.	
	Designate Type of Completion	$\mathbf{n} = (\mathbf{X})$ X	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	· h	
	11-9-67	12-29-67	6303'		62861		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Approx. 3307 DF	Blinebry	5351'		5603'		
	Perforations				Depth Casing Shoe		
	5351'-5413'; 5461'-5573'; 5804'-5908'			6303'			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	DEPTH SET		SACKS CEMENT	
	12-1/4"	9-5/8 '' 3 2#	1023'	1023'		300 sx.	
	8-3/4"	7'' 23# & 26#	6303'	6303'		500 sx.	
		2-3/8" EUE	5603'				
		<u> </u>	<u>i</u>				
\mathbf{v} .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-						
	NI, WEIL						
1	Date First New Oil Run To Tanks	Date of Test	1	, pump, gas lift,	, etc.)		
	12-21-67	1-3-68	Flow				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	22 hr.	600 - 900#	800#		18/64"		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas - MCF		
	208 Bbls.	166	42		320		

Gravity of Condensate

Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

GAS WELL
Actual Prod. Test-MCF/D

hat the rules and regular one of the Oil Conservation are been complied with the that the information given and complete to the polymer my knowledge and belief. I hereby cer Commission to above is

Length of Test

Tubing Pressure (shut-in)

de

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TITLE This form is to be filed in compliance with RULE 1104.

Bbls. Condensate/MMCF

APPROVE

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.