	NO. OF COPIES RECEIVED										
	DISTRIBUTION	.1EW MEXICO OIL	CONSERVATION COMMIS	SSIC	Form C		101 1011				
l	SANTA FE	REQUES	T FOR ALLOWABLE		Effectiv	re-1-1-65	104 and C-110				
- 1	FILE,	1	AND	16	5	14 '66	/3				
	U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND N	ATURAL GÃ	(\$ / / · · · · · · · · · · · · · · · · ·	· ,	C_{\bullet}				
	LAND OFFICE				7 43	Min.	•				
ĺ	TRANSPORTER OIL					" Ob	j				
	GAS										
İ	OPERATOR										
I.	PRORATION OFFICE										
	Cperator										
	TEXACO Inc.										
	Address										
	P. 0. Box 728	- Hobbs, New Mexico									
	Reason(s) for filing (Check proper box) Other (Please explain)										
	Mew Well X Change in Transporter of:										
	Stecompletion Of: Dry Gas										
	Change in Ownership Casinghead Gas Condensate										
	If change of ownership give name										
	and address of previous owner										
11.	DESCRIPTION OF WELL AND	Well No. Pool	Name, Including Formation		Kind of Lease						
	C. C. Fristoe (b) NCT-		istis Blinebry	12)	State, Federal	or Fee					
	Location		Justis-Blinebry	0-3056							
	l =				west						
	Unit Letter M ; 500	Feet From The South	Line and	_ Feet From Th	ne <u>11631</u>						
	26	waship 24-S Range	37-E , NMPM,	14	ea		County				
	Line of Section 26 , Tov	vnship 24-S Range	<u> </u>		<u> </u>						
.,	DESIGNATION OF TRANSPORT	TED OF OU AND NATURAL	GAS								
11.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to	o which approve	d copy of this f	orm is to be	e sent)				
	Texas-New Mexico Pipe	P. O. Box 151	O - Midla	ind, Texas	i						
	Name of Authorized Transporter of Cas	Address (Give address to				e sent)					
			P. O. Box 138	34 - Jal,	New Mexic	:0					
	El Paso Natural Gas (Unit Sec. Twp. Rge.	Is gas actually connecte								
	If well produces oil or liquids, give location of tanks.	M 26 24-S 37-	E YES		Februa r y	14, 196	56				
	If this production is commingled with	th that from any other lease or po	ol, give commingling order	number:							
١V.	COMPLETION DATA	Oil Well Gas Wel	l New Well Workover	Deepen	Plug Back S	ame Res'v.	Diff. Res'v.				
	Designate Type of Completic		New New	New	New	New	New				
			Total Depth		P.B.T.D.						
	Date Spudded	Date Compl. Ready to Prod.			5854						
	January 6, 1966	February 12,1966	6144 Top Oil/Gas Pay		Tubing Depth						
	Fool	Name of Producing Formation			6140¹						
	Justis Blinebry	Blineby		53571		Depth Casing Shoe					
	Perforations Perf 2-7/8" OD	casing w/l jet snot @	0001 FE041 F6771 F	6561 5667	•						
		5437',5444',5490',5504',5542',5564',5584',5588',5594',5633',5656',5662', 6140'									
	5674',5694',5706'.		AND CEMENTING RECOR		64.6						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	<u> </u>		KS CEMEN	N I				
	11" 8-5/8" OD		1002'		400 sx						
	7-7/8"	2-7/8" OD Blinebry	6140'		900						
	7-7/8"	2-7/8" OD Drinkard	6144'		900	<u>sx</u>					
		·									
v.	TEST DATA AND REQUEST F		e after recovery of total volume		nd must be equa	il to or exc	eed top allow				
	OIL WELL	able for thi	s depth or be for full 24 hours Producing Method (Flow		eta l						
	Date First New Oil Run To Tanks	Date of Test	_	, pump, gas tiji	, 6,0,,						
	February 9, 1966	February 12, 1966	Swab		Choke Size						
	Length of Test	Tubing Pressure	Casing Pressure		Swab						
	24 Hours	Swab	Swab								
	Actual Prod. During Test	OII-Bbls.	Water-Bbls. 27		Gas-MCF	1					
	89	62			172 • (
	GAS WELL		PU G		Committee	.da					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	.	Gravity of Con	.aensate					
											
	. esting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure		Choke Size						
					L.,,						
VI.	CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVA	TION COMM	IISSION					

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.

Assistant District Superintendent

(Title)

February 14, 1966

(Date)

APPROVED_	1	 , 19
BV		
Ψ1		

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 Sections I, II, III, and VI only 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.

186 14 3 17 186

I, Dan Gillett	_, being of lawful age and being the
Assistant District Superintendent	for TEXACO Inc., do state that
the deviation record which appears	on this form is true and correct to
the best of my knowledge.	
	Van Tillett
	Dan Gillett
Subscribed and sworn to before	ore me this the 9th day of February
19_66	
My commission expires October 20,	1966.
· ·	repoir
	R. E. Johnson Notary Public in and for Lea County,
# -	State of New Mexico.
Lease C. C. Fristoe "b" NCT-1	W = 1 1 No. 2
26400	well No.
DEV	IATION RECORD
DEPTH	DEGREES OFF
500 ° 816 °	1/2 3/4 3/4 3/4
1000 ' 1483 '	3/4 3/4
1700° 2230°	3/L ·
2 <u>1</u> 17 1	2 3/4 2 3/4 2 3/4
2512† 2575 † ,	2 3/4
2676 ° 2800 °	2 1/2 2 1/2
3080 '	2 1/2
3320 1 3650 1	2 3/4 2 1/2
40501	2 1/4 1 3/4
4295 ° 4550 °	1 3/4 2 1/2
4800°	2 1/2 1 1/2 1 1/2
5140 ' • 5380 '	11/4
5620 * 5900 *	1 1/4 1 3/4 1 1/2
91/1/1 ₁	ī 1/2