Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Habbs, NM 88240

State of New Mexico energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT I P.O. Drawer DD, Arteria, NM 80210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST	FOR ALLOWA	BLE AND	AUTHORI	ZATION				
I.	TOTE	RANSPORT OF	L AND NA	TURAL G					
Operator Texaco Exploration and Production Inc.						API No. 025 9 9111	06643		
Address							00,0		
P. O. Box 730 Hobbs, Ne	w Mexico 882	40-2528							
Reason(s) for Filing (Check proper box)		<u> </u>	X O	ner (Please expl	ain)				
New Well		EFFECTIVE 6-1-91							
Recompletion		in Transporter of: Dry Gas							
Change in Operator	Casinghead Gas								
If change of operator give same	ICO Producing I	==	× 730	Hobbs, Ne	w Mexico	88240-252	28		
II. DESCRIPTION OF WELL Lease Name	DESCRIPTION OF WELL AND LEASE				- Tie				
PERCY HARDY Blinebr	Well No. Pool Name, Including Formation BLINEBRY OIL AND GAS					of Lease Federal or Fee	Lease No. 299280		
Location Unit Letter N	: 660	Feet From The	outh w	e and		et From The	Dest	Line	
Section 17 Townshi	21S Range 37E , NMPM,					LEA	Coun	άγ	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil Or Condensate Co. Or Condensate				Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.				Address (Give address to which approved					
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.		y connected? YES	When				
If this production is commingled with that			line order sum			08/2.	3//1		
IV. COMPLETION DATA							·		
Designate Type of Completion	- (X) Oil Wo	ell Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v Diff Re	×Υ	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		4	P.B.T.D.	<u></u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe		
	TUBING	G, CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
						<u> </u>			
			 						
	 				 -		··········		
V. TEST DATA AND REQUES OIL WELL Test must be after re			he savel to as		ahla dan ahir	d - d - d - d - d - d			
OIL WELL (Test must be after re Date First New Oil Run To Tank		exceed top allo ethod (Flow, pu			uc 24 Nours.)				
Leagth of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
									
GAS WELL						_	•		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION Date Approved					
7.m. Willer				Orig. Signe	ed by				
Signature K. M. Miller Div. Opers. Engr.				By Orig. Signed by Paul Kautz Gardogist					
Printed Name May 7, 1991		Title -688-4834	Title						
Date	Te	enhane No.	f1						

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 root in multiply completed wells

