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

State of New Mexico 1 __gy, Minerals and Natural Resources Departme.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

Operator									Well API No.				
Texaco Exploration and Production Inc.								30 025 20924					
Address													
P. O. Box 730 Hobbs, New Mexico 88240-2528 Resson(s) for Filing (Check proper box) X Other (Please explain)													
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: EFFECTIVE 6-1-91													
Recompletion	ecompletion Oil Dry Gas												
Change in Operator X	Casinghead	Gas 🛛	Cond	ensate 🗌									
If change of operator give name and address of previous operator Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528													
II. DESCRIPTION OF WELL AND LEASE													
Lease Name Well No. Pool Name, Include A H BLINEBRY FEDERAL NCT 1 17 TUBB OIL AND					-			Kind of Lease State, Federal or Fee FEDERAL		0530	esse No. 70		
Location													
Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 20 Township 22S Range 38E , NMPM, LEA County													
Section 20 Township	, NMPM,				LEA County								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil ST. or Condensate Address (Give address to which approved copy of this form is to be sent)													
Name of Authorized Transporter of Oil Texas New Mexico Pipeline O	1	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						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231							
Texaco Exploration and Production Inc. If well produces oil or liquids, Unit Sec. Twp. Rge.					is gas actually connected? Whe								
location of tanks.		19 225			YES		i_	02/1					
If this production is commingled with that f	rom any othe	er lease or	pool, g	rive comming	ing order numi	ber:							
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepe	en l	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -	- (X)		i					i					
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth					
Perforations										Depth Casing Shoe			
a some states													
TUBING, CASING AND						CEMENTING RECORD DEPTH SET SACKS CEMENT							
HOLE SIZE CASING & TUBING SIZE					ļ		SACKS CEMENT						
V. TEST DATA AND REQUES	T FOD A	HOW	ADII						····				
——————————————————————————————————————					be equal to or	exceed top allo	wable for	r this	depth or be j	for full 24 hos	rs.)		
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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)													
Length of Test	Tubing Pressure				Casing Press	Casing Pressure				Choke Size			
Length of Tex	I noing Pressure							·					
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 (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
]					
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						l							
is true and complete to the best of my knowledge and belief.					Date Approved								
Vin 201.00.	Dale	Date Approved											
Signature					By Orig. Signed by Paul Kautz								
K. M. Miller Div. Opers. Engr.					Geologist								
Printed Name Title April 25, 1991 915-688-4834					Title								
Date		Tele	phone	No.									

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 pool in multiply completed wells.

RECSIDED

MAY 2 3 1991

C99 HOBBS OFFICE