

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**TEXACO INC.**

Address  
**P.O. BOX 728, HOBBS, N.M. 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <b>A.H.Blinebry Fed NCT-3 5</b>	Well No. <b>5</b>	Pool Name, including Formation <b>Brunson Abo South</b>	Kind of Lease State, Federal or Fee <b>FED LC</b>	Lease No. <b>32104</b>
Location Unit Letter <b>D</b> : <b>500</b> Feet From The <b>North</b> Line and <b>588</b> Feet From The <b>West</b>				
Line of Section <b>31</b> Township <b>22S</b> Range <b>38E</b> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas N.M. Pipeline Co. (0055-2310)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, N.M. 88240</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Texaco Producing Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 3000, Tulsa, OK 74102</b>
If well produces oil or liquids, give location of tanks.	Unit : <b>B</b> Sec. : <b>31</b> Twp. : <b>22S</b> Rge. : <b>38E</b> Is gas actually connected? <b>Yes</b> when <b>11/22/84</b>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

W. B. Loh  
(Signature)

Dist. Opr. Mgr.  
(Title)

8/8/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 15 1985, 19 \_\_\_\_\_

BY \_\_\_\_\_ ORIGINAL SIGNATURE

TITLE OIL & GAS INSPECTOR

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.