

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-70

L CONSERVATION DIVISIO
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED
DISTRIBUTION
SANTA FE
FILE
U.S.S.
AND OFFICE
TRANSPORTER
OPERATOR
LOCATION OFFICE
TERMINAL

TEXACO Inc.
Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
New Well
Recompletion
Change in Ownership
Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate
Other (Please explain)
Delete Low Pressure Gas Transporter

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name
H. Blinebry Federal
Well No.
17
Pool Name, including Formation
Tubb Gas
Kind of Lease
State, Federal or Fee
Lease No.
LC-032104(a)
Unit Letter
L
1980
Feet From The
South
Line and
660
Feet From The
West
Line of Section
20
Township
22-S
Range
38-E
NMPM
Lea
County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil
Texas New Mexico Pipe Line Company
Name of Authorized Transporter of Casinghead Gas
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2528, Hobbs, New Mexico 88240
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1384, Jal New Mexico 88252
Well produces oil or liquids,
give location of tanks.
Unit
B
Sec.
19
Twp.
22-S
Rge.
38-E
Is gas actually connected?
Yes
When
June 16, 1965
this production is commingled with that from any other lease or pool, give commingling order number:
PC-244

COMPLETION DATA
Designate Type of Completion - (X)
Oil Well
Gas Well
New Well
Workover
Deepen
Plug Back
Same Res'v.
Diff. Res'v.
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Locations (DF, RKS, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Casinghead
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
NEW WELL
Date First New Oil Run To Tanks
Date of Test
Producing Method (Flow, pump, gas lift, etc.)
Length of Test
Tubing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
Oil-Bbls.
Water-Bbls.
Gas-MCF
Actual Prod. Test-MCF/D
Length of Test
Bbls. Condensate/MMCF
Gravity of Condensate
Testing Method (pistol, back pr.)
Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)
Choke Size

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.
Assistant District Superintendent
October 8, 1980

OIL CONSERVATION DIVISION
APPROVED
BY
TITLE
Orig. Signed by
Les Clements
Oil & Gas Insp.
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