

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
TEXACO INC

Address
P.O. BOX 728 HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain)
DOWNHOLE COMMINGLED BLINEBRY OIL & GAS AND DRINKARD ZONES

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.H. BLINEBRY FED NCT-1	Well No. 39	Pool Name, including Formation BLINEBRY OIL & GAS	Kind of Lease State, Federal or Fee FED LC-032104	Lease No. 032104
Location				
Unit Letter I ; 1980 Feet From The SOUTH Line and 988 Feet From The EAST				
Line of Section 19 Township 22S Range 38E , 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"/> TEXAS N.M. PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528 HOBBS NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO PRODUCING INC	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000 TULSA OK 74102	
If well produces oil or liquids, give location of tanks.	Unit 11	Sec. 19
	Twp. 22S	Rge. 38E
	Is gas actually connected? YES	When UNKNOWN

If this production is commingled with that from any other lease or pool, give commingling order number: **DHC-655**

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.

K. L. Johnson

(Signature)
AREA SUPERINTENDENT

JUL 24 1987 (Date)

(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 29 1987**, 19

BY **ORIGINAL SIGNED BY JERRY TEXTON**

TITLE **DISTRICT I SUPERVISOR**

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.

IV. COMPLETION DATA

Downhole CANNING LE

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
					X			
Date Spudded / MENDED IN 7-13-87	Date Compl. Ready to Prod. 7-16-87	Total Depth 7581				P.B.T.D. 7219		
Elevations (DF, RKB, RT, GR, etc.) 3382 DF	Name of Producing Formation BLINEBRY OIL & GAS	Top Oil/Gas Pay 5502				Tubing Depth 7113		
Perforations 5502-5991 BLINEBRY OIL & GAS						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT		
17 1/2"	13 3/8"	400				650		
12 1/4"	9 5/8"	2910				1300		
8 3/4"	7" LINER	2655-7511				650		

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 7/16/87	Date of Test 7/22/87	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test Pump 490/38 ¹⁰ /237 MCF	Oil - Bbls. 32 *	Water - Bbls. 25 *	Gas - MCF 213 *

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

* ALLOCATION TO BLINEBRY OIL & GAS POOL AS PER DHC-655
DATED JULY 1, 1987.

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HARRIS CENTER