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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND PUBLIC OFFICE O. O. C.  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
 AUG 25 10 13 AM '67

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

**I. OPERATOR**

Operator: **TEXACO, INC.**  
 Address: **DRAWER 728**  
**HOBBS, NEW MEXICO 88240**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change in lease name.	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>		Dry Gas
				Condensate	<input type="checkbox"/>

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>A. H. Blinebry <del>State</del> Federal <i>ACT-1</i></b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Tubb (GAS)</b>	Kind of Lease State, Federal or Fee
Location Unit Letter <b>F</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b>			
Line of Section <b>29</b> , Township <b>22-S</b> Range <b>38-E</b> , NMPM, <b>Lea</b> County			

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<b>Texas-New Mexico Pipe Line Company</b>	<b>P. O. Box 1510 - Midland, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<b>Northern Natural Gas Co. (High Pres.)</b> <b>Warren Petroleum Co. (Low Pres.)</b>	<b>P. O. Box 2376 - Hobbs, New Mexico</b> <b>P. O. Box 1589 - Tulsa, Oklahoma</b>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	<b>F</b>	<b>29</b>	<b>22-S</b>
			Rge. <b>38-E</b>
			Is gas actually connected? <b>Yes</b>
			When <b>Not Available</b>

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

**IV. 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.								P.B.T.D.
Pool	Name of Producing Formation								Tubing Depth
Perforations									Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

**V. TEST DATA AND REQUEST FOR ALLOWABLE 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)

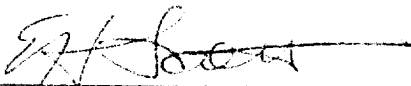
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

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

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



**E. H. SCOTT** (Signature)

**DIST. ACCOUNTANT** (Title)

**SEP 1 1967** (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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 Sections I, II, III, and VI only 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.