

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco producing Incorporated	
Address P.O. Box 728 Hobbs N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain) Change name of Percy Hardy Well #2 Blinbry Oil and Gas to- Hardy Blinbry Unit well #2
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hardy Blinbry Unit	Well No. 2	Pool Name, including Formation Blinbry Oil and Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1380</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>21s</u> Range <u>37e</u> , 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 (0055-0642)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2523, Hobbs, N.M. 88240	
Name of Authorized Transporter of Casinghead Gas <input 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 O	Sec. 17
	Twp. 21s	Rge. 37e
	Is gas actually connected? Yes	When 2-3-75

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.

KE Johnson
(Signature)
Area Superintendent
(Title)
JUL 9 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1987, 19
ORIGINAL SIGNED BY JERRY SEXTON
BY _____
DISTRICT SUPERVISOR
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 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.

RECEIVED
JUL 1 1964
OFFICE OF THE
DIRECTOR
BUREAU OF REVENUE