abmit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hothe, NM 88240

State of New Mexico ___ .rgy, Minerals and Natural Resources Departme.

Form C-104 Revised 1-1-89 See Instruction at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No Texaco Exploration and Production Inc. 30 025 -996E12 l O Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: EFFECTIVE 6-1-91 Recompletion Dry Gas X Casinghead Gas X Condensate Change in Operator If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee (BRUNSON, R. L. 073760 **BLINEBRY OIL AND GAS** Location South 660 Feet From The NORTH 660 Feet From The EAST _ Line and Unit Letter Line 225 Range 37E LEA Township , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Co. 1670 Broadway Denver, Colorado 80202 or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X Texaco Exploration and Production Inc. P. O. Box 1137 Eunice, New Mexico 88231 Twp. Rge. is gas actually connected? Unit Sec. When? rive location of tanks. 225 | 37E YES 02/09/65 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Diff Res'v Designate Type of Completion - (X) Total Depth Date Soudded Date Compi. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE** 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 Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size **VI. OPERATOR CERTIFICATE OF COMPLIANCE** OIL CONSERVATION DIVISION JUN 0 3 1991 I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved Orig. Signed by Paul Kautz By_ Signature Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

K. M. Miller

April 25, 1991

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.