Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departme...

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30 025 10194 Texaco Exploration and Production Inc. Address Hobbs, New Mexico 88240-2528 P. O. Box 730 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well $\overline{\Box}$ Dry Gas Recompletion Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator P. O. Box 730 Texaco Producing Inc. Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. | Pool Name, Including Formation Lease Name State, Federal or Fee **BLINEBRY OIL AND GAS** 14 BAKER B **FFF** Location Feet From The SOUTH Line and 510 Feet From The WEST 330 Line Unit Letter . Range 37E LEA 225 , NMPM, County 10 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XP. O. Box 2648 Houston, Texas 77252 **Shell Pipeline Corporation** Address (Give address to which approved copy of this form is to be sent) or Dry Gas [Name of Authorized Transporter of Casinghead Gas Texaco Exploration and Production Inc. P. O. Box 1137 Eunice, New Mexico 88231 is gas actually connected? When? Rge. Unit If well produces oil or liquids, 0 | give location of tanks. 10 225 37Ě **YES** 03/17/80 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD **SACKS CEMENT** DEPTH SET CASING & TUBING SIZE HOLE SIZE 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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls, Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation JUN 0 8 1991 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

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

Signature

Date

Printed Name

K. M. Miller

April 25, 1991

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

By_

Title_

Paul Kautz

Geologist

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.