STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

Operator
Texaco Producing Inc.

Address
PO Box 728 Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

- [ ] New Well
- [X] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
Downhole Commingling. Blinebry with Tubb and Drinkard

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
J.V. Baker	9	Blinebry	Fee	

Location
Unit Letter N : 766 Feet From The South Line and 2086 Feet From The West

Line of Section 22 Township 22S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ] — Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corp — PO Box 1910, Midland, TX 79702

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ] — Address (Give address to which approved copy of this form is to be sent)
Texaco Prod. Inc. — PO Box 3000, Tulsa, OK 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	22	22S	37E	Yes	Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-723

NOTE: *Complete Parts IV and V on reverse side if necessary.*

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 E Johnson
(Signature)
AREA SUPERINTENDENT
(Title)
MAY 8 1989
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 12 1989, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.

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IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X				X

Date ~~Spudded~~ recompleted	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2/21/89	3/9/89	6450	6438
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
DF 3352	Blinebry	5570	6375 (SN)
Perforations			**Depth Casing Shoe**
5570 - 5742 (312 shots)			6450

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8", 44.5#	200'	200, circulated
11"	8 5/8", 28#	2790'	1000 sks circulated
7 7/8"	5 1/2", 14#	6450'	450 sks, TOC at 3375'
	2 7/8" tubing	6375'	—

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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/28/89	2/28/89	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
5 hours	—	—	—
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
3BO, 3BW, 12MCF	14.4 BOPD	14.4 BWPD	57.6 MCFPD

GAS WELL

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

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