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

State of New Mexico Ene. , Minerals and Natural Resources Department

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 III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSP	ORT OIL	AND NA	TURAL GA	\S			····	
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 12128 /					
Address	Masias	00040	050	^							
P. O. Box 730 Hobbs, Ne Reason(s) for Filing (Check proper box)	w mexico	88240	-252	8	X Ouh	er (Please expla	iin)				
New Well	(Change in	Transpo	orier of:		FECTIVE 6					
Recompletion Oil Dry Gas											
Change in Operator	Casinghead	_	Conde			_	_				
If change of operator give name and address of previous operator Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528											
•											
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.											
					•			State, Federal or Fee 443480			
C H LOCKHART FEDERAL NCT 1 5 BLINEBRY OIL AND GAS FEDERAL 443480 Location											
Unit LetterC	. 660	: 660 Feet From The NORTH Line and 1979						Feet From The WEST Line			
Section 18 Township 22S Range 38E , NMPM, LEA										County	
III. DESIGNATION OF TRAN	SPORTER	OF OI	LAN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be zent)											
rexas New Mexico Pipeline C						1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Corporation					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 Tulsa, Oklahoma 74102						
If well produces oil or liquids, give location of tanks.	Il produces oil or liquids, Unit Sec. Twp. Rge ocation of tanks. H 18 22S 38E				is gas actually connected? When YES			7 UNKNOWN			
If this production is commingled with that	from any other	r lease or p	oool, giv	ve comming!	ing order num	er:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Decpea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Ĺ	L_		<u> </u>						
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe						
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TI			JBING SIZE		DEPTH SET			SACKS CEMENT			
											
	<u> </u>							 	 		
	 				ļ <u></u>						
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		he caust to or	exceed top allo	mable for this	denth or he fo	w full 24 hour	·•1	
						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
	Date of Year										
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gae- MCF		
GAS WELL	<u> </u>										
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI ODED ATOD CEDTIEIC	ATE OF	COMP	TAN	JCF	<u> </u>						
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					(DIL CON	ISERV	NOITA	DIVISIO	N	
Division have been complied with and that the information given above					11						
is true and complete to the best of my	knowledge and	belief.			Date	Approve	d <u>🕮</u>	<u> </u>			
Z.M. Miller					Date Approved						
Signature K. M. Miller Div. Opers. Engr.					By						
Printed Name May 7, 1991		915-6			Title				 		
Date		Teler	hone N	io.	11						

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.