

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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|                        | GAS |
| OPERATOR               |     |
| PROMOTION OFFICE       |     |

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<br><b>TEXACO INC</b>                           |  |
| Address<br><b>P.O. BOX 728, HOBBS, NEW MEXICO 88240</b> |  |
| Reason(s) for filing (Check proper box)                 | Other (Please explain)   |
| <input type="checkbox"/> New Well                       | <b>DOWNHOLE COMMINGLED BLINEBRY OIL &amp; GAS AND SOUTH BRANSON DRINKARD ABO ZONES</b> |
| <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<br><b>A.H. BLINEBRY FED. NCFI</b>  | Well No.<br><b>6</b> | Pool Name, including Formation<br><b>BLINEBRY OIL &amp; GAS</b> | Kind of Lease<br>State, Federal or Fee<br><b>FED</b> | Lease No.<br><b>LC-033104</b> |
| Location  |                      |   |  |                               |
| Unit Letter <b>B</b> ; <b>660</b> Feet From The <b>NORTH</b> Line and <b>1974</b> Feet From The <b>EAST</b> |                      |   |  |                               |
| Line of Section <b>19</b> Township <b>22-S</b> Range <b>38-E</b> , NNPM, <b>LEA</b> 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"/><br><b>TEXAS N.M. PIPELINE CO.</b>      | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 2528, HOBBS, N.M. 88240</b> |                        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>TEXACO PRODUCING INC</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 3000, TULSA, OK 74102</b>   |                        |
| If well produces oil or liquids, give location of tanks.  | Unit<br><b>14</b>   | Sec.<br><b>19</b>      |
|   | Twp.<br><b>22S</b>  | Rge.<br><b>38E</b>     |
|   | Is gas actually connected?<br><b>YES</b>  | When<br><b>UNKNOWN</b> |

If this production is commingled with that from any other lease or pool, give commingling order number: **DHC-692**

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.

*[Signature]*  
(Signature)  
AREA SUPERINTENDENT

NOV 10 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 14 1988**, 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.

# IV. COMPLETION DATA

DOWNHOLE COMMINGLED

|  |   |                         |          |          |        |                           |             |              |
|--|---|-------------------------|----------|----------|--------|---------------------------|-------------|--------------|
| Designate Type of Completion - (X)                                 | Oil Well  | Gas Well                | New Well | Workover | Deepen | Plug Back                 | Some Res'v. | Diff. Res'v. |
|  |   |                         |          |          | X      |                           |             |              |
| Date Spudded<br>MOVED IN<br>11-1-88                                | Date Compl. Ready to Prod.<br>11-4-88             | Total Depth<br>7124     |          |          |        | P.B.T.D.<br>6925          |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br>3370 D.F.                    | Name of Producing Formation<br>BLINEBRY OIL & GAS | Top Oil/Gas Pay<br>5563 |          |          |        | Tubing Depth<br>6867      |             |              |
| Perforations<br>5563 TO 5593, 5630 TO 5675 (1 SHOT PER THREE FEET) |   |                         |          |          |        | Depth Casing Shoe<br>6842 |             |              |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17 1/2"   | 13 3/8"              | 403       | 475          |
| 11 "      | 8 5/8"               | 2908      | 1800         |
| 7 7/8"    | 5 1/2"               | 6842      | 500          |

## 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)

|   |                         |   |                 |
|---|-------------------------|---|-----------------|
| Date First New Oil Run To Tanks<br>11-4-88  | Date of Test<br>11-8-88 | Producing Method (Flow, pump, gas lift, etc.)<br>PUMP |                 |
| Length of Test<br>24 HRS                    | Tubing Pressure         | Casing Pressure                                       | Choke Size      |
| Actual Prod. During Test<br>PMP 270/250/220 | Oil - Bbls.<br>16*      | Water - Bbls.<br>15*                                  | Gas - MCF<br>7* |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL                         |                           |                           |                       |
| 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            |

\* ALLOCATION TO BLINEBRY OIL & GAS AS PER DHC-692 DATED APRIL 6, 1988