

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco Exploration & Production Inc.	Well API No. 3002512138
Address P.O. Box 730, Hobbs, New Mexico 88241-0730	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.H. Blinebry Fed NCT-1	Well No. 7	Pool Name, including Formation Wantz Granite Wash R-9615	Kind of Lease State (Federal) or Fee	Lease No. LC-032104
Location Unit Letter G : 1980 Feet From The N Line and 1974 Feet From The E Line Section 19 Township 22S Range 38E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas New Mexico Pipeline Co.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway, Denver CO 80202				
Name of Authorized Transporter of Casinghead Gas Texaco E & P Inc.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1137, Eunice, NM 88231				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 19	Twp. 22	Rge. 38	Is gas actually connected? yes	When? unknown

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

PC-244

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen X	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 2/56 4/91	Date Compl. Ready to Prod. 06-12-91		Total Depth 7550'		P.B.T.D. 7548'			
Elevations (DF, RKB, RT, GR, etc.) 3367' GR	Name of Producing Formation Wantz Granite Wash		Top Oil/Gas Pay 7378'		Tubing Depth 7360'			
Perforations 7378-80, 7401-06, 23-26, 28-39, 42-52, 56-80					Depth Casing Shoe 7548'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		334		350- circ			
12 1/4	9 5/8		2900		2000			
8 3/4	7		6260		500-toc 2960 temp svy			
6 1/8	4 1/2 (top 5338)		7548		310			

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 06-12-91	Date of Test 06-12-91	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 69 bbls	Oil - Bbls. 63	Water - Bbls. 6	Gas- MCF 96

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

VI. OPERATOR 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 above
is true and complete to the best of my knowledge and belief.

Signature L.W. Johnson
Printed Name L.W. Johnson Title Engr. Asst.
Date 10-02-91 Telephone No. (505) 393-7191

OIL CONSERVATION DIVISION

Date Approved 10/2/91

By [Signature]

Title [Signature]

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.