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

State of New Mexico gy, Minerals and Natural Resources Departm

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, Astesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS											
Tourse Fundamental and Burnet and a								API No. 025 12155			
Address											
P. O. Box 730 Hobbs, New Mexico 88240-2528 Reason(s) for Filing (Check proper box) X Other (Please explain)											
New Well Change in Transporter of: EFFECTIVE 10-01-91											
Recompletion Dry Gas											
Change in Operator Casinghead Gas Condensate If change of operator give name											
and address of previous operator 16xaco IIIC. P. U. BOX 790 HODDS, New Mexico 88240-2528											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.											
A H BLINEBRY FEDERAL NO	•	NBO, SOUTH	State	Federal or Fee	Federal or Fee LC032104						
Location											
Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line											
Section 29 Township 22S Range 38E , NMPM, LEA County											
III. 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)											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
Texaco Exploration and Production Inc.						P. O. Box 1137 Eunice, New Mexico 88231					
if well produces oil or liquids, give location of tanks.	produces oil or liquids, Unit Sec. Twp. Rge. Is gas actu- cation of tanks. N 29 228 38E					ally connected? When ? YES UNKNOWN					
If this production is commingled with that	from any other	r lease or			.1		4C# X	0-7296			
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Decpea	Dun Derb lo	N. I.	h:# 5 4	
Designate Type of Completion			<u>i</u>	<u> </u>	i	WOLDVE	Deches	Plug Back Sa	ine Kesv	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
HOLE SIZE	CEMENTI	NG RECORI)								
FIOLE GIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	,										
V. TEST DATA AND REQUES					<u> </u>			1		· ****	
OIL WELL (Test must be after re Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbla.			Gas- MCF			
O A O TYPOT I		· · · · · · · · · · · · · · · · · · ·				- · · · · · · · · · · · · · · · · · · ·		<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of Te	et			Bbls. Condens	ale/MMCF		Gravity of Cond	encate		
				Citray or County							
Sesting Method (pitot, back pr.)	ot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA											
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
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 APR 29'92						
					Jaio ripprovod						
Signature Signature					By ORIGINAL SIGNED BY RAY SMITH						
L.W. JOHNSON Engr. Asst. Printed Name Title					FIELD REP. II						
04-14-92 (505) 393-7191 litle											
Date		Telepi	hope N	io.	1						

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.