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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instruction at Bottom of Page

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Wall ADI NO 30 025 12155 Texaco Exploration and Production Inc. 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 6-1-91 Recompletion Oil Dry Gas $\overline{\mathbf{X}}$ Change in Operator If change of operator give name and address of previous operator

Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee FEDERAL Well No. Pool Name, Including Formation Lease No. BLINEBRY OIL AND GAS A H BLINEBRY FEDERAL NCT 2 053170 660 Feet From The SOUTH Line and 660· Feet From The WEST Unit Letter Line **22**S 29 Township Range 38E LEA , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Co 1670 Broadway Denver, Colorado 80202 or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X Warren Petroleum Corporation P. O. Box 1589 Tulsa, Oklahoma 74102 | S∞c. N | 29 If well produces oil or liquids, give location of tanks. Twp is gas actually connected? Unit When? Rge. 225 38É YES UNKNOWN If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** CASING & TUBING SIZE **DEPTH SET SACKS CEMENT** 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Choke Size Tubing Pressure Actual Prod. During Test Water - Bbls. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION

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

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.

K. M. Miller

April 25, 1991

Signature

Date

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

Date Approved __

Orig. Signed by

Paul Kautz

Geologist

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834

Telephone No.

- 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.

MAY 2 8 1991

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