

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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 TEXACO INC  
Address P.O. BOX 728, HOBBS, NEW MEXICO 88240  
Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change In Transporter of:  
☒ Recompletion ☐ Oil ☐ Dry Gas  
☐ Change In Ownership ☒ Casinghead Gas ☐ Condensate  
Other (Please explain)  
DEWITT CUMMINGS ORDER NO. R-7296 COMPLETED 6/10/84

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>A.H. BLINEBRY FED. NCT-2</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>BLINEBRY OIL &amp; GAS</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. <u>LC-032104</u>
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>29</u> Township <u>22-S</u> Range <u>38-E</u> , NMPM, <u>LEA</u> 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"/> <u>TEXAS-NEW MEXICO PIPELINE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 2528, HOBBS, NEW MEXICO 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>WARREN PETROLEUM COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1589, TULSA, OKLAHOMA 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>29</u>
	Twp. <u>22-S</u>	Rge. <u>38-E</u>
	Is gas actually connected? <u>YES</u> When <u>NOT AVAILABLE</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: R-7296

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.

K. Johnson  
(Signature)  
AREA SUPERINTENDENT  
(Title)  
DEC 21 1988  
(Date)

OIL CONSERVATION DIVISION

DEC 23 1988

APPROVED \_\_\_\_\_, 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.