

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☒ Casinghead Gas	

Other (Please explain)
CHANGE OF GAS TRANSPORTER FROM NORTHERN NATURAL TO TEXACO PRODUCING INC

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-3</u>	Well No. <u>1</u>	Pool Name, including Formation <u>BLINEBRY OIL & GAS</u>	Kind of Lease State, Federal or Fee <u>FED LC-032104</u>	Lease No. <u>32104</u>
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>31</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 ☒ or Condensate ☐ <u>TEXAS N.M. PIPELINE CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 2528, HOBBS N.M. 88240</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>TEXACO PRODUCING INC</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 3000, TULSA, OK 74102</u>	
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>31</u> Twp. <u>22S</u> Rge. <u>38E</u>	Is gas actually connected? <u>YES</u>	When <u>4-7-72</u>

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

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.L. Johnson
(Signature)
AREA SUPERINTENDENT
FEB 25 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate	
Testing Method (Pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size	