Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

## State of New Mexico L...rgy, Minerals and Natural Resources Departme.

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

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSPO	ORT OIL	AND NA	TURAL G					
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 12178			
Address											
P. O. Box 730 Hobbs, New Mexico 88240-2528  Resson(s) for Filing (Check proper box) X Other (Please explain)											
New Well	Change in Transporter of: EFFECTIVE 6-1-91										
Recompletion	Oil Dry Gas										
Change in Operator X Casinghead Gas X Condensate											
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 A	S Formation   Kind			d of Lease	of Lease Lease No.						
Lease Name A H BLINEBRY FEDERAL NCT 4 Well No.   Pool Name, Includi BLINEBRY OIL					AND CAS			e, Federal or Fee	Federal or Fee 053190		
Location	- T DENTEDITION				AND GAS TEEDE			DERAL			
Unit Letter 0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line											
Section 31 Township 22S Range 38E						, NMPM, LEA 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.X 1670 Broadway Denver, Colorado 80202									)2		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 31 228 38E				Is gas actually connected? When YES				? UNKNOWN		
If this production is commingled with that f	rom any othe	r lease or po	ool, giv	e comming!	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion -	· ·	<u></u>				<u>l</u>	<u></u>	<u></u>		1	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
Perforations								Depth Casing	Shoe		
TUBING, CASING AND						NG RECOR	D	1			
HOLE SIZE						DEPTH SET			SACKS CEMENT		
	<del></del>										
V. TEST DATA AND REQUES	T FOR A!	LOWA	RLE				•		<del></del>		
OIL WELL (Test must be after re				il and must	be equal to or	exceed top allo	wable for ti	his depth or be for	full 24 hou	rs.)	
						Producing Method (Flow, pump, gas lift, etc.)					
					· · · · · · · · · · · · · · · · · · ·						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL		· · · · · ·		·			····			<del></del>	
Actual Prod. Test - MCF/D						sate/MMCF		Gravity of Coo	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
M ODER ATOR CERTIFICATE OF COLOR LANCE									<del> </del>		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  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					JUN 0 5 1931						
is true and complete to the best of my knowledge and belief.					Date	Approve	4	JUN	ij er led	€1 €	
Vm m.M.						. , .ppi ove(					
K.M. Willer					By						
Signature K. M. Miller Div. Opers. Engr.					Pag Coutz						
Printed Name Title					Title Geologist						
April 25, 1991 915-688-4834					1			- ~		<del></del>	

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.