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

State of New Mexico Liergy, Minerals and Natural Resources Departme.

Revised 1-1-89 at Bottom of Page

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

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 TO TRANSPORT OIL AND NATURAL GAS Well API No. Texaco Exploration and Production Inc. 30 025 12178 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: EFFECTIVE 6-1-91 П Recompletion Dry Gas Change in Operator X Casinghead Gas X Condensate If change of operator give name Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lease No A H BLINEBRY FEDERAL NCT 4 BRUNSON DRINKARD - ABO, SOUTH 053190 2 FEDERAL Location 660 Feet From The SOUTH Line and 1980 Unit Letter _ Feet From The EAST Line Section 31 225 Range 38E , NMPM, Township 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 Name of Authorized Transporter of Casinghead 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, Unit Sec Twp. Rge. Is gas actually connected? When? N give location of tanks. 31 225 38F 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) Date Spudded Total Depth Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, 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 Tank 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/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION JUN 0 3 1991 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. Date Approved . Orig. Signed by Paul Kautz By _____ Signature K. M. Miller Div. Opers. Engr. Geologist Printed Name Title

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

April 25, 1991

Date

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 __

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

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.