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

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

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

Form C-104 Revised 1-1-89 See Instruction at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Texaco Exploration and Production Inc. 30 025 20922 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 New Well Change in Transporter of: Dry Gas Recompletion Oil X Casinghead Gas X Condensate 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. BRUNSON DRINKARD - ABO, SOUTH 053190 A H BLINEBRY FEDERAL NCT 4 5 Location 990 Feet From The SOUTH Line and 1980 Feet From The WEST Unit Letter Line Section 31 22\$ Range 38E LEA Township , 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 Name of Authorized Transporter of Casinghead Gas X or Dry 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 Twp. Unit Rge. Is gas actually connected? When? L 22S give location of tanks. 31 38E YES 09/21/64 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Gas Well Oil Well Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) 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. Gas- MCF Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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 _

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

Signature

Date

Printed Name

K. M. Miller

April 25, 1991

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_

Orig. Signed by,

Paul Kantz

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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1920, Hobbs, NM 88240

State of New Mexico Lucrgy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	Т	O TRAI	NSPC	ORT OIL	AND NA	TURAL GA					
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 20922					
Address			·								
P. O. Box 730 Hobbs, New	w Mexico	88240	-2528	3	X Oth	es (Please expl	nim)				
Reason(s) for Filing (Check proper box) New Well		Change in 7	Transpor	ter of:		FECTIVE 6	•				
Recompletion	Oil		Dry Gas	F;							
Change in Operator	Casinghead	Gas 🛛	Condens	nate						···	
If change of operator give name and address of previous operator Texa	co Inc.	P. 0.	Box 7	30 н	lobbs, Nev	v Mexico_	88240-2	528			
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Including A H BLINEBRY FEDERAL NCT 4 5 BLINEBRY OIL							State,	Kind of Lease State, Federal or Fee FEDERAL Lea 05319		ease No. 30	
Location Unit Letter N	N 990 - SOUTH									Line	
Section 31 Township 22S Range 38E					, NMPM,			LEA County			
III. DESIGNATION OF TRAN				NATU	RAL GAS			4.11.4			
Name of Authorized Transporter of Oil Texas New Mexico Pipeline	Name of Authorized Transporter of Oil Or Condensate Or Con										
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Texaco Exploration and Production Inc.					 			e, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit	Sec. 31	Twp. 225	Rge.	, -	y connected? YES	When		/27/64		
If this production is commingled with that	from any othe	r lease or p	ool, give	e comming!	ing order num	ber:					
IV. COMPLETION DATA	~	Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X) Date Spudded Date Co		Ready to	Prod		Total Depth			P.B.T.D.	I	<u> </u>	
Date Spudded Date Compt. Ready to Prod.								T.B.1.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations	· -							Depth Casin	g Shoe		
TUBING, CASING AND					CEMENTI						
HOLE SIZE CASING & TUBING SIZE				IZE		DEPTH SET	·	SACKS CEMENT			
	 										
U TECT DATE AND DECLE	TEOD A	I OWA	DIE					<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r				il and must	be equal to or	exceed top all	owable for thi	s depth or be j	for full 24 hour	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>			····	l						
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	ATE OF	COMPI	ITAN	CE	<u> </u>			1			
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 is true and complete to the best of my knowledge and belief.					Date Approved						
2/m miller						Thhiose	Ori	Z. Size		ν,	
Signature K. M. Miller Div. Opers. Engr.					∥ By_	·	.C	ul Kautz eologist	· y ,	·	
Printed Name Title					Title			~343£	····		
April 25, 1991 Date			bhone No			. —					

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.
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