

NAME	
ADDRESS	
CITY	
STATE	
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DATE	
TIME	
REPORTER	
EDITOR	
ORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2038
SANTA FE, NEW MEXICO 87301

Form O-104
Revised 10/81
Format 65-4123
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Name of Operator TEXACO Inc.	
Address P. O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well	Change of Transporter from Getty Oil Co. to TEXACO PRODUCING INC. effective 6/1/85.
Recompletion	
Change in Ownership	
Change in Transporter of:	
☐ Oil	☐ Dry Gas
☒ Casinghead Gas	☐ Condensate

Name of previous owner
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name A.H. Blinbry FED NCT-4	Well No. 5	Pool Name, including Formation Blinbry Oil & Gas	Kind of Lease State, Federal or Fee FED LC-032104	Lease No.
Location Unit Letter N ; 990 Feet From The South Line and 1930 Feet From The West Line of Section 31 Township 22S Range 38E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

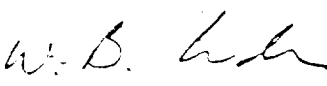
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas N.M. Pipeline Co. (0055-1420)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3000, Tulsa, OK 74102
Well produces oil or liquids, location of tanks.	Unit N Sec. 31 Twp. 22S Rge. 38E Is gas actually connected? Yes When 9/27/64

If production is commingled with that from any other lease or pool, give commingling order number: PC-63

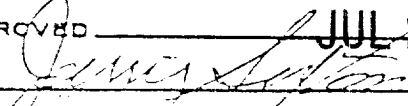
NOTE: Complete Parts IV and V on reverse side if necessary.

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.


(Signature)
District Operations Manager
Date 7/2/85

OIL CONSERVATION DIVISION

APPROVED  JUL 2 26 1985 19 85
BY
TITLE DISTRICT 1 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 IV for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms O-104 must be filed for each pool in multiple completed wells.