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Appropriate District Office
DISTRICT I O. Box 1980, Hobbs, NM 88240

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

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

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

Name of Authorized Transporter of Oil

Testing Method (pitot, back pr.)

K. M. Miller

April 25, 1991

Signature

Date

Printed Name

Texas New Mexico Pipeline Co.

Name of Authorized Transporter of Casinghead Gas

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 21102 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: EFFECTIVE 6-1-91 Dry Gas Recompletion Oil X d Gas X Condensate Change in Operator Casingh 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 Well No. | Pool Name, Including Formation Lease Name Lease No. 053070 A H BLINEBRY FEDERAL NCT 1 BLINEBRY OIL AND GAS 18 **FEDERAL** Location Feet From The SOUTH 660 660· Feet From The WEST Line and \_ Unit Letter Line 20 225 Range 38E LEA Section Township , NMPM, County

Address (Give address to which approved copy of this form is to be sent)

or Dry Gas Address (Give address to which approved copy of this form is to be sent)

1670 Broadway Denver, Colorado 80202

Choke Size

JUN 0 3 1091

OIL CONSERVATION DIVISION

Orig. Signed by

Paul Kautz

Geologist

Texaco Exploration and Production Inc.					P. O. Box 1137 Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 1920 228 38E			is gas actually	y connected? YES	When	When?			
If this production is commingled with that in IV. COMPLETION DATA	from any oth	er lease or	pool, give	comming	ing order numb	per;				
Designate Type of Completion	- (X)	Oil Wel	ı G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					L			Depth Casing Shoe		
	r	UBING.	CASIN	G AND	CEMENTI	NG RECOR	D	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
										·
V. TEST DATA AND REQUES OIL WELL Test must be after re										
Date First New Oil Run To Tank	Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL	L	<del></del> ,				<u></u>	····	<u> </u>		
Actual Prod. Test - MCF/D	Length of	est			Bbls. Condens	ne/MMCF		Gravity of C	condensate	···

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

Tubing Pressure (Shut-in)

**VI.** OPERATOR 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 above

is true and complete to the best of my knowledge and belief.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

or Condensate

X

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Casing Pressure (Shut-in)

Title.

Date Approved

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.