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 Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Rottom 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. Texaco Exploration and Production Inc. 30 025 21405 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Reason(s) for Filing (Check proper box) X Other (Please explain) New Well Change in Transporter of: EFFECTIVE 6-1-91 Dry Gas \Box 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 Well No. Pool Name, Including Formation Lease No. 053080 A H BLINEBRY FEDERAL NCT 1 BAT 27 TUBB OIL AND GAS **FEDERAL** Location 1980 Feet From The SOUTH Line and 1650 Feet From The WEST Unit Letter Line 28 225 Range 38E Township LEA . 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 If well produces oil or liquids, Unit Twp. Rge. Sec. is gas actually connected? When? give location of tanks. 225 F 33 38E YES 08/01/65 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'y Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. 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, pum	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

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 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.

Z.M. Miller	
Signature K. M. Miller	Div. Opers. Engr.
Printed Name April 25, 1991	Title 915-688-4834
Date	Telephone No.

OIL CONSERVATION DIVISION JUN 0 3 1991

By ______ Orig. Signed by ______ Geologist

Title_

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.