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

State of New Mexico Lucrgy, Minerals and Natural Resources Department.

OIL CONSERVATION DIVISION

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

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

P.O. Box 2088
Santa Fe. New Mexico, 87504-208

DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410							AUTHOR		N				
Operator Texaco Exploration and Production Inc.								W		API No.			
Address								3	30	025 2140	96		
P. O. Box 730 Hobbs, Ne	w Mexic	0 8824	0-25	28				· · · · · · · · · · · · · · · · · · ·					
Reason(s) for Filing (Check proper box) New Well		Chance is	. Toss		er of:		her (Please exp FFECTIVE (-					
Recompletion	Change in Transporter of: Oil Dry Gas						E. (2010/2 0-1-01						
Change in Operator	Casinghe	nd Gas 🗵			ite 🗌								
If change of operator give name and address of previous operator Texa	co Inc.	P. 0.	Box	73	30 I	lobbs, Ne	w Mexico	88240	-2	528			
II. DESCRIPTION OF WELL	AND LE	,					. —						
Lease Name Well No. Pool Name, Included A H BLINEBRY FEDERAL NCT 1 BAT 28 TUBB OIL AN						SCAR			ue,	of Lease Federal or Fee RAL Lease No. 053070			
Location						 -			1//	BAL	. <u> </u>	-	
Unit LetterA	: 990 Feet From The NO					DRTH Line and 330			Feet From The EAST Line				
Section 29 Townshi	8E	, NMPM,				LEA County							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O		ND	NATU							·· ····· ·	
Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202												
Name of Authorized Transporter of Casing	<u> </u>	Address (Give address to which approved copy of this form is to be sent)											
Texaco Exploration and Production Inc.						P. O. Box 1137 Eunio				e, New M	lexico 882	231	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 29	Twp. 225	} }	Rge. 38E	is gas actual	ly connected? YES	W	hen	•	/28/65	•	
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, g	ive (comming	ing order nun	iber:				· ·		
IV. COMPLETION DATA		Oil Well		Gar	Well	New Well	Workover				(
Designate Type of Completion	- (X)		i i	O	W CH	New West	MOINOVEL	Deeper	יי ו	l Ling Rack	Same Res'v	Diff Res'v	
Date Spudded	Date Com	al. Ready to	Prod.			Total Depth		_4		P.B.T.D.		<u></u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth			
Perforations										Depth Casing Shoe			
										Depui Casin	g 200e		
	T	UBING,	CAS	INC	AND	CEMENTI	NG RECOF	SD	_				
HOLE SIZE CASING & TUBING SIZE					E	DEPTH SET				SACKS CEMENT			
V. TEST DATA AND REQUES	T FOD A	HOW	DIE										
OIL WELL (Test must be after re					and must	be equal to or	exceed top all	awable for	thic	denth or he f	or full 24 hours	.a.1	
Date First New Oil Run To Tank	Producing M	ethod (Flow, pr	ump, gas lif	i, el	c.)	or juit 24 hold	s. <i>)</i>						
Length of Test	Tubing Program					Casing Pressure				Choke Size			
2-mg = 1 - 1 - 1 - 1	Tubing Pressure					Casing Pressure				Close 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			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation							DIL CON	ISER\	/A	TION [DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											S 1991		
to note and continues to the pest of this pr	www.cage And	DCHEI.				Date	Approve	d		O NIO	0 600	_ 	
L.M. Miller							- *						
Signature						By Orig. Signed by Paul Kautz							
K. M. Miller Div. Opers. Engr. Printed Name Title						Title Geologist							
April 25, 1991 915–688–4834 Date Taleban 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.
- 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.