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 Appropriate District Office
 DISTRICT I
 P.O. Box 1940, Hobbs, NM 88240

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

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator
 Texaco Exploration & Production Inc. Well API No. 3002521408
 Address: P.O. Box 730, Hobbs, New Mexico 88241-0730
 Reason(s) for Filing (Check proper box)
 New Well Change in Transporter of: Other (Please explain)
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate
 If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.H. Blinebry Fed. NCT-1	Well No. 30	Pool Name, Including Formation Tubb Oil & Gas	Kind of Lease State, Federal or Fee	Lease No. LC-032104
Location Unit Letter <u>J</u> : 1980 Feet From The <u>S</u> Line and 1980 Feet From The <u>E</u> Line Section 20 Township 22S Range 38E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco E & P Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137 Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 19	Twp. 22S	Rge. 38E	Is gas actually connected? Yes	When? 10-8-1965

If this production is commingled with that from any other lease or pool, give commingling order number: PC-244

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 9-65	Date Compl. Ready to Prod. 3-1-91		Total Depth 7200		P.B.T.D. 6344			
Elevations (DF, RKB, RT, GR, etc.) 3386 GR	Name of Producing Formation Tubb Oil & Gas		Top Oil/Gas Pay 6304		Tubing Depth 6242			
Performations 6304-18 ; 6320-32 2 JSPI (54 Holes)					Depth Casing Shoe 7200			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8 5/8		1370		530 sx			
7 7/8	2 7/8		7200		1250 sx			

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 3-1-91	Date of Test 3-1-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 12	Oil - Bbls. 6	Water - Bbls. 6	Gas- MCF 2

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

L.W. Johnson
 Signature L.W. Johnson Engr. Asst.
 Printed Name
 Date 7-30-91 Telephone No. (505) 393-7191

OIL CONSERVATION DIVISION

Date Approved AUG 08 1991

By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

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.

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT
All Distances must be from the outer boundaries of the section

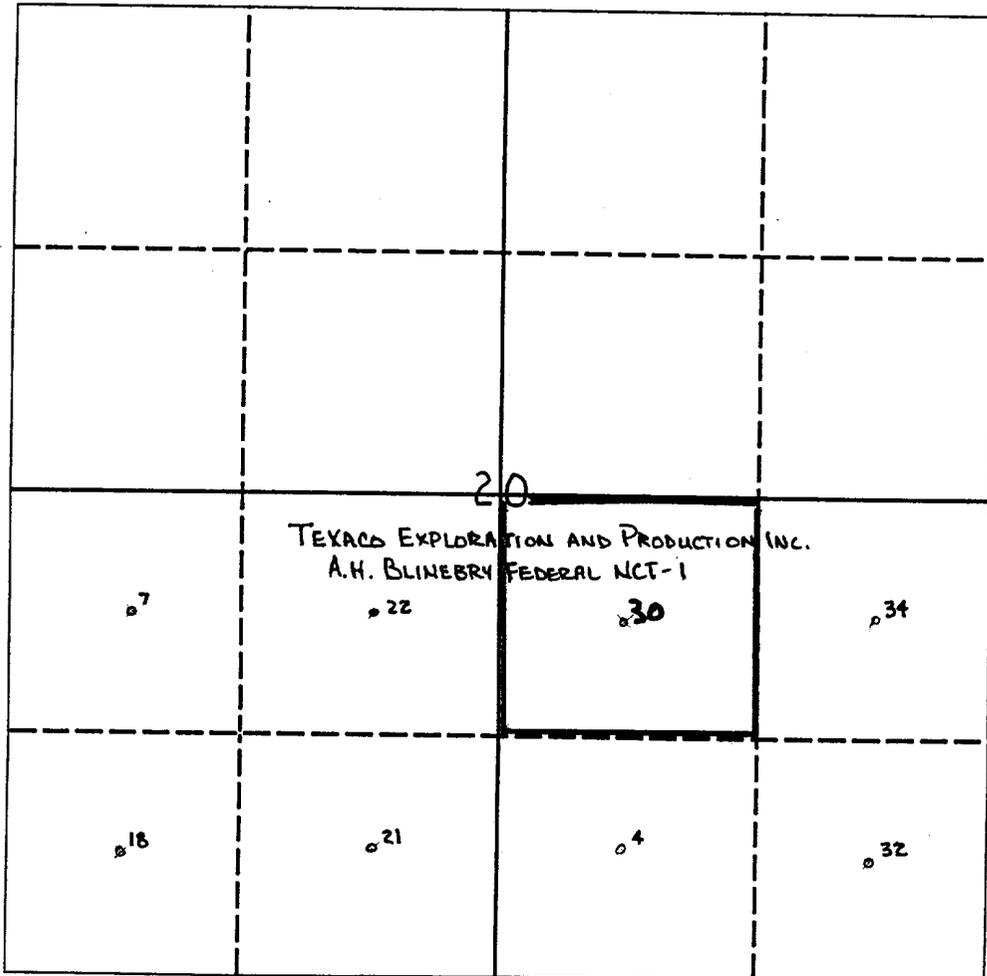
Operator Texaco Exploration and Production Inc.			Lease A.H. Blinebry Federal NCT-1		Well No. 30
Unit Letter J	Section 20	Township 22S	Range 37E	County Lea	
Actual Footage Location of Well: 1980 feet from the South line and 1980 feet from the East line					
Ground level Elev. 3386	Producing Formation Tubb Oil		Pool Tubb Oil & Gas	Dedicated Acreage: 40 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

 Yes No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

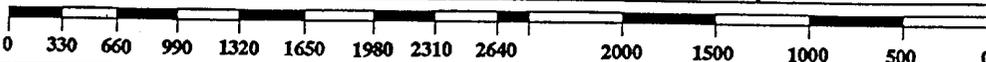
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature <i>L.W. Johnson</i>
Printed Name L.W. Johnson
Position Engr. Asst.
Company Texaco E & P Inc.
Date 7-31-91

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
Signature & Seal of Professional Surveyor
Certificate No.



RECEIVED

AUG 05 1991

OTIS
HOBBS OFFICE