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

## State of New Mexico 1. Agy, Minerals and Natural Resources Departme

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

Saita Pe, 14ew Mexico 87304-2006

I.		O TRAN	<u> VSPO</u>	RT OIL	AND NA	TURAL G	AS	(b) Va	<u>.                                    </u>		
Operator Texaco Exploration and Production Inc.							Well API No. 30 025 25106				
Address P. O. Box 730 Hobbs. Ne	w Mexico	99940	2520								
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in 1	Fransport Dry Gas	er of:		er (Please explo FECTIVE 6					
If change of operator give name	aco Inc.	P. O. I			lobbs. Nev	v Mexico	88240-2	528			
and somes of biesion oberson			<u> </u>		0550, 110	· MCXICO	00240 2	<u> </u>		<del>:</del>	
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including A H BLINEBRY FEDERAL NCT 1 38 BRUNSON DRINK					•	, SOUTH	State,	nd of Lease tle, Federal or Fee 053070  DERAL			
Location Unit Letter	:1980	: 1980 Feet From The SOUTH Line and 1980 F						eet From The EAST Line			
Section 19 Towns	on 19 Township 22S Range 38E					, NMPM,			LEA County		
III. DESIGNATION OF TRAI	NSPORTE	R OF OII	L AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil Texas New Mexico Pipeline	Co[X_	or Condens	L		1	670 Broad	lway Der	copy of this for	ado 8020	2	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.					Address (Give address to which appro P. O. Box 1137 Eur			nice, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit     H	Sec.   Tw H   19   2		Rge. 38E	is gas actuali	y connected? YES	When	When?   10/09/75			
If this production is commingled with that  IV. COMPLETION DATA	from any other	r lease or p	ool, give	commingl	ing order num	per:					
Designate Type of Completion	- (X)	Oil Well	G	s 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					<u> </u>	<del></del>		Depth Casing Shoe			
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBIN				ZE	DEPTH SET			SACKS CEMENT			
	1										
								<del> </del>		<del></del>	
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLOWA	BLE	l and must	be equal to or	exceed top all	owable for thi	s depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank	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	.1				<u> </u>						
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regularizing have been complied with and	lations of the (	Dil Conserva	ation	CE				ATION [			
is true and complete to the best of my					Date	Approve	d		100		
Signature  K. M. Miller  Div. Opers. Engr.					By						
K. M. Miller Printed Name April 25, 1991			Title	<del></del>	Title		٠.	, Sav P			
Date			hone 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.