

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator TEXACO INC	
Address P.O. BOX 728, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate DOWNHOLE COMMINGLED BLINEBRY OIL & GAS AND DRINKARD ZONES

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.H. BLINEBRY FED NCA	Well No. 39	Pool Name, including Formation DRINKARD 1.8593	Kind of Lease State, Federal or Fee FED LC	Lease No. 032104
Location Unit Letter I : 1980 Feet From The SOUTH Line and 988 Feet From The EAST Line of Section 19 Township 22S Range 38E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

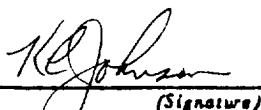
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS N.M. PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO PRODUCING INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000, TULSA OK 74102	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 19
	Twp. 22S	Rge. 38E
	Is gas actually connected? YES	When UNKNOWN

If this production is commingled with that from any other lease or pool, give commingling order number: **DHC-655**

NOTE: Complete Parts IV and V on reverse side if necessary.

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


(Signature)

MIKE SUPERINTENDENT

JUL 24 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 29 1987**, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <i>MOVED IN</i> <i>7-13-87</i>	Date Compl. Ready to Prod. <i>7-16-87</i>	Total Depth <i>7581</i>			P.B.T.D. <i>7219</i>				
Elevations (DF, RKB, RT, GR, etc.) <i>3382 DF</i>	Name of Producing Formation <i>DRINKARD</i>	Top Oil/Gas Pay <i>6354</i>			Tubing Depth <i>7113</i>				
Perforations <i>6354-7101 DRINKARD</i>						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<i>17 1/2"</i>	<i>13 3/8"</i>		<i>400</i>		<i>650</i>				
<i>12 1/4"</i>	<i>9 5/8"</i>		<i>2910</i>		<i>1300</i>				
<i>8 3/4"</i>	<i>7" LINER</i>		<i>2655-7511</i>		<i>650</i>				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks <i>7/16/87</i>	Date of Test <i>7/22/87</i>	Producing Method (Flow, pump, gas lift, etc.) <i>PUMP</i>	
Length of Test <i>24 HRS</i>	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test <i>Pmp 490/38 w/237</i>	Oil - Bbls. <i>17 *</i>	Water - Bbls. <i>13 *</i>	Gas - MCF <i>24 *</i>

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

* ALLOCATION TO DRINKARD POOL AS PER OHC-655 DATED JULY 1, 1987