

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
TEXACO INC.

Address
P. O. Box 728, Hobbs, New Mex. 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.H. Blinebry Federal (NCT-1)	Well No. 39	Pool Name, Including Formation Blinebry Oil&Gas, Blinebry	Kind of Lease State, Federal or Fee	Lease No. LC-03214
Location Unit Letter <u>1</u> : 1980 Feet From The <u>South</u> Line and <u>988</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>22-S</u> Range <u>38-E</u> , NMPM, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Tex. 79701
Name of Authorized Transporter of Casinghead Gas <input 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 1137, Eunice, N. M. 88231
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When Yes 11-02-85

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

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.

W.B. Loh

(Signature)

Dist. Opr. Mgr.

(Title)

12-13-85

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

DEC 26 1985
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 allow-
able 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.
								X
Date Spudded Date Workover commenced: 10-21-85	Date Compl. Ready to Prod. 11-13-85	Total Depth CIBP @ 6100 with 14' Cement on top				P.B.T.D. 6086		
Elevations (DF, RKB, RT, GR, etc.) 3381 DF 3371 GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5502				Tubing Depth 6063		
Perforations 5502-5991						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	CEMENT
17 1/2"	13 3/8"	400	50
12 1/4"	9 5/8"	2900	1300
8 3/4"	7"	2655-7511 (Liner)	650

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 11-13-85	Date of Test 11-21-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure -----	Casing Pressure 40 PSI	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 97	Water - Bbls. 135	Gas - MCF 413.9

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

RECEIVED
DEC 19 1985
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DEC 26 1985
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