

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

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

Operator TEXACO INC.	
Address P.O. BOX 728, HOBBS, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input 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

Change of ownership give name and address of previous owner: _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE	
Lease Name .H.BLINEBRY FED NCT-1	Well No. 43
Pool Name, including Formation BRUNSON ABO, SOUTH	
Kind of Lease State, Federal or Fee	Lease No. FEDERAL LC-032104
Location Unit Letter E ; 1980' Feet From The North Line and 450 Feet From The West Line of Section 33 Township 22S Range 38E , NMPM, Lea County	


DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> THE PERMIAN CORP	Address (Give address to which approved copy of this form is to be sent) P.O.BOX 1183, HOUSTON, TX 77001
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
Well produces oil or liquids, or location of tanks.	Unit K
Sec. 33	Twp. 22S
Rge. 38E	Is gas actually connected? YES
When 10/8/85	

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.

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)
DISTRICT OPERATIONS MANAGER
(Title)
10/10/85
(Date)

OIL CONSERVATION DIVISION
OCT 15 1985
APPROVED _____, 19____
BY **Eddie W. Seay**
TITLE **Oil & Gas Inspector**

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.

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
8/20/85	10/8/85		7780'			7459'		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3377' GL	Brunson Abo		6656'			7406'		
Perforations						Depth Casing Shoe		
6656-7397' 2 JSPI								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	1350'	1500 SX
11" & 7 7/8"	5 1/2"	7780'	3350 SX

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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Pumping	
10/5/85	10/8/85	Casing Pressure	Choke Size
Length of Test	Tubing Pressure		
24			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	30	40	468

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

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OCT 15 1985
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