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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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Form C-164
Resised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.	······································		
Matador Operating Company						30-025-31037					
Address	<u> </u>				······					<del></del>	
801 S. Fillmore, Suite	e 460, Am	narillo	, TX	7910:	1						
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	ain)		<del></del>		
New Well	Change in Transporter of:				CASINGHEAD GAS MUST NOT BE						
Recompletion	Oil Dry Gas				FLARED AFTER 3-1-91  FLARED AFTER 3-1-91						
Change in Operator	Casinghead Gas Condensate					F	LARED A	TER TO P-4070			
If change of operator give name					LINGESS AN EXOCITION						
and address of previous operator			·				S CBTAIL	VED.		<del></del>	
II. DESCRIPTION OF WELL	L AND LEA	SE									
Lease Name		Well No. Pool Name, Includi			ing Formation			Kind of Lease		Lease No.	
Matador 28 State	1	1   Corbin Wol			lfcamp, S	South	State,	State, Federal or Fee		VB-0382	
Location			<del></del>					-	<del></del>		
Unit Letter E	. 19	80	East Em	m The I	North ::.	660	17.	et From The	West		
Unit Letter E : 1980 Feet From The North Line and 660								Feet From The West Line			
Section 28 Towns	hip 189	5	Range	33E	. NI	мрм,	Lea			County	
	<del></del>	7.7316	<u></u>	<del></del>		·····				County	
III. DESIGNATION OF TRA	NSPORTE	R OF OI	L ANI	NATU	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Enron Oil Trading and	Transpor	tation	1 '			ox 1188,					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)									nt)		
							••			,	
If well produces oil or liquids,	Unit	Unit   Sec.   Twp.   E   28   18S			1 -			When? To advise			
give location of tanks.	E										
If this production is commingled with that	t from any other	r lease or p	ool, give	comming	ing order numb	er:					
IV. COMPLETION DATA		·		Ū	•			1			
		Oil Well	l G	as Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	×	i		×		j Durpu. I	1 1108 2002 100	iik ikes v	l l	
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth		I	P.B.T.D.	<del></del>	4	
11-08-90	12-31-90			11,750'			11,705'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3,790' GR	Wolfcamp				11.146'			11,054'			
Perforations 11,146'-166'; 11,178'-192'; 11,206'-240				(Prod. interval)			Depth Casing Shoe				
11,330'-338'; 11,382'-396'; 11,512'-520'; 11,531						1'-539' (CIBP @ 11,300')			11,750'		
								1			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
17-1/2"		13-3/8"			395'			400 sx Class C			
11"		8-5/8"			2,964'			800 sx Prem. Plus Lite			
7-7/8"		5-1/2"			11,750'			840 sx Hall Prem. 1st s			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3-1/2			11,730			1060 sx Hall Lite 2nd st				
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE					FUOU SX III	311 111	e zna st	
OIL WELL (Test must be after				Land must	he equal to or	exceed top allo	umble for this	death or he for i	5.11 24 have	- 1	
Date First New Oil Run To Tank	Date of Test		, 1000 01			thod (Flow, pu			IEI 24 NOW	3.)	
01-01-91	1	01-05-91				a.c. (1.10m, p.	·φ, χω .yı, ε				
Length of Test		Tubing Pressure			Flow Casing Pressure			Choke Size			
4 hours	_	160 psig			0			32/64"			
Actual Prod. During Test		Oil - Bbls.			Water - Bbls.			Gas- MCF			
	60.6 (364 BPD)				Trace			61.3 (368 Mcf/D)			
	1 00.0	00.0 (304 BPD)				Trace			01.3 (366 MCI/D)		
GAS WELL											
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
	1										
l'esting Method (pitot, back pr.)	Tubing Press	aure (Shut-i	n)		Casing Pressur	re (Shut-in)		Choke Size			
	1							i			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	I A N/C	'F		<del></del>		L			
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					OIL CONSERVATION DIVISION						
											is true and complete to the best of my knowledge and belief.
					Date Approved						
Jes M. Carnes					1						
Signature					By	J. 1	<u> </u>		XTON		
Les M. Carnes Executive Vice President					]		4	STATE OF			
Printed Name Title					Titlo						
1-1-91	806-3	76-658	3 10ne No.		11116				<del></del>		
Date											
					•						

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.