

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Matador Operating Co.	Well API No. 3001521390
Address 415 W. Wall St., Suite 1101, Midland, TX 79701-4410	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Request Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> From perforations 9393-9411; Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> 9420-9426. Test allowable for 200 bbls oil and 2 MMCFPD gas.	
If change of operator give name and address of previous operator 600	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 9 Com	Well No. 1	Pool Name, Including Formation Alacran Hill, Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. 030-018727
Location Unit Letter G : 1980 Feet From The N Line and 1980 Feet From The E Line Section 9 Township 21S Range 27E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 9	Twp. 21S	Rge. 27E	Is gas actually connected? Yes	When? April 3, 1975
If this production is commingled with that from any other lease or pool, give commingling order number: None						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 12-22-74	Date Compl. Ready to Prod. 1-2-92		Total Depth 11,700		P.B.T.D. 11,002			
Elevations (DF, RKB, RT, GR, etc.) 3217 DF/3220 KB/	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9393		Tubing Depth 9361			
Perforations 9393-9411; 9420-26					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	609	1150
12-1/4	9-5/8	3045	1050
7-7/8	5-1/2	11682	1100
	5-1/2 - 2-3/8	9361	-

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

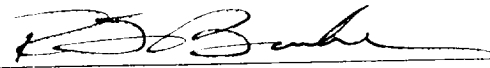
Date First New Oil Run To Tank 1/2/92	Date of Test 1/3/92	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 28.5 hrs	Tubing Pressure 675	Casing Pressure Packer	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 280	Water - Bbls. 0	Gas - MCF 1600

GAS WELL

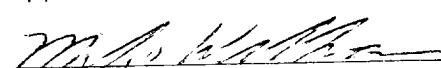
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Press.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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


Signature
R.F. Burke Operations Mgr.
Printed Name
1/6/92 **915/687-5955**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 7 8 1992**
By 
Title **SUPERVISOR, DISTRICT II**

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.