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

## State of New Mexico Enc. , Minerals and Natural Resources Department

At 1991

Form C-104 Revised 1-1-89 See fastructions at Bottom of Page dst of W

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 11						Well A	PI No.			
Matador Operating Company						30 015 22085						
Address	1 00	40 M	٠	Doe 4	D	11	750	<b>1</b> 1				
Suite 158, Pecan Cr Reason(s) for Filing (Check proper box)		40 Mead	IQW	Koad	,_ua	1 as 16 Othe	TYAS 152 (Please expla	31 ini				
New Well		Change in	Trans	porter o	f:							
Recompletion	Oil		Dry C			e.						
Change in Operator	Casinghe			ensate			ffective					
change of operator give name and address of previous operator. En			Com	pany	<u>. P.</u>	O. Box	2267, M	idland,	Texas 797	'02		
I. DESCRIPTION OF WELL	AND LE		Bool	Nama	Includie	a Formation		Kind (	of Lassy C. i	1.	ase No.	
Case Name Weil No. Pool Name, Including Grynberg 11 Federal Com. 1 White City								State,	Kind of Lease Fed State, Federal or Fee		NM 14468	
Location	00111.	<u> </u>	1 1111	100	<u>0 1 Cy</u>					_111111	7700	
Unit Letter B	:16	650	Feet	From T	hen	arth_Line	and	L650Fe	et From The	east	Line	
11	-	^			065				-			
Section 11 Towns	hip 253	5	Rang	e	26E	, <u>N</u> N	ирм,		F	dd <b>y</b>	County	
II. DESIGNATION OF TRA	NSPORTI			ND N	ATUI	RAL GAS		lh	copy of this form	in to be		
Name of Authorized Transporter of Oil Enron Oil Trading &	Iransh (	or Conden		$\square X$		i '			copy of this form ion, Texas		·	
Name of Authorized Transporter of Cass		201112		ry Gas					copy of this form			
Natural Gas Pipeline	-	America				122 S.	Michiga		e, Chicag			
If well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually	connected?	When					
ive location of tanks.	<b>↓</b> B	<u>l 11</u>	1_2	<del></del>	_26_	Yes			1-78			
f this production is commingled with the V. COMPLETION DATA	it from any or	ner lease or	poor, g	give cor	minnigh	ing order num	<u></u>					
		Oil Well		Gas V	Vell	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Designate Type of Completio						Total Danth		1			_i	
Date Spudded	Date Corr	npl. Ready to	o Prod.	•		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing S	shoe		
		TUDDIC	<u> </u>	TINIC	ANID	CEMENITI	NG PECOE	<u> </u>				
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					AND	DEPTH SET			SACKS CEMENT			
HOLL SIZE									Pasi	ID.	-3	
										5-22-92 chg ap		
V. TEST DATA AND REQUI	FOT FOD	ALLOW	ARI	F								
OIL WELL (Test must be after	r recovery of	total volume	of loa	id oil an	id must	be equal to or	exceed top all	owable for th	is depth or be for	full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of T						ethod (Flow, p					
									Choke Size			
Length of Test	Tubing P	Tubing Pressure				Casing Pressure			Chora Billa			
Actual Prod. During Test	huring Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
Actual Front Daning 1991	J. 2011											
GAS WELL											_ <del></del>	
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
									Choke Size			
Testing Method (pilot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFI	CATEO	E COM	DT TA	NOT		ir			<del></del>			
VI. OPERATOR CERTIFI  I hereby certify that the rules and res	rulations of th	ie Oil Conse	rvation	1	-		DIL COI	<b>USERV</b>	ATION D	IVISIO	NC	
Division have been complied with at	nd that the inf	ormation giv	ven abo	ove					<b>443</b> ¥ ° ≥	σ( <b>){</b> 3 <sup>4</sup>		
is true and complete to the best of m	y knowledge	and belief.				Date	Approve	ed	<u> 1987 . S</u>	1344		
D. W. Xinn.												
Signature						By ORIGINAL SIGNED BY MIKE WILLIAMS						
<u>Betty Gildon, Regu</u>	latory /	<u>Analyst</u>	TT:-I				ازاS		, DISTRICT	IŶ		
Printed Name 4/29/92	915/	686-371	4 <sup>Tide</sup>	:		Title				-		
Date		Tel	ephone	e No.								

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.