

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Matador Operating Company	Well API No. 30 015 24865
Address Suite 158, Pecan Creek, 8340 Meadow Road, Dallas, Texas 75231	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective 5-1-92
If change of operator give name and address of previous operator Enron Oil & Gas Company, P. O. Box 2267, Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name White City 14 Federal	Well No. 1	Pool Name, Including Formation White City Penn	Kind of Lease Fed State, Federal or Fee	Lease No. NM 19423
Location Unit Letter B : 1650 Feet From The north Line and 1650 Feet From The east Line Section 14 Township 25S Range 26E , 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 & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Natural Gas Pipeline Co of America	Address (Give address to which approved copy of this form is to be sent) 122 S. Michigan Avenue, Chicago, Ill 60606	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 14
	Twp. 25	Rge. 26
	Is gas actually connected? Yes	When ? 5-3-85

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size posted ID-3 5-22-92
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF 443 of

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

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.

Betty Gildon

Signature

Betty Gildon, Regulatory Analyst

Printed Name

4/29/92

Date

915/686-3714

Title

Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 18 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II