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

State of New Mexico nergy, Minerals and Natural Resources Deparant

Form C-164 Revised 1-1-79 See Instructions at Bottom of Page

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQ						BLE AND A			ON				
I. Operator	TO TRANSPORT OIL AND NATURAL GAS									Well API No.				
Matador Operating Company										30-025-25781				
Address														
8340 Meadow Road, Suit	e 158,	Dallas	s, T	'ex	as	75	231	 						
Reason(s) for Filing (Check proper box)			_				Othe	er (Please expl	ain)					
New Well	0.1	Change in	Dry											
Recompletion	Oil Casinghe		Cond		-	_								
If change of operator give name	Casingilo		Conc				·		•••					
and address of previous operator	····													
II. DESCRIPTION OF WELL	AND LE	ASE												
Lease Name	Well No. Pool Name, Including						-			of Lease No. Federal or Fee LG-3684				
State "AE"		1	Ken	ını	tz	J.	Wolfcamp	, South		State,	rederal of rec	F TR2-20		
Location	20	50				_	Sauth.	2051	,			7.7 L		
Unit LetterK	-:	130	_ Feet	Froi	n The		South Line	and2034		Fe	et From The _	West	Line	
Section 33 Townshi	p 168	3	Rang	<u>е</u>	341	E	, NN	ирм,	Lea	<u>a</u>			County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL A	ND	NA'	ΓUI	RAL GAS							
Name of Authorized Transporter of Oil X Ed Chodenster gy Corp. Address (Give address										proved	copy of this fo	orm is to be se	ent)	
Enron Oil Trading & Transportarian Company							P. O. Box 1188							
Name of Authorized Transporter of Casing		Address (Give address to which approved copy of this form is to be sent)												
Phillips 66 Natural Gas Company							4001 Penbrook, Odess							
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33	Twp. 16	S	•	lge. Fi	Is gas actually connected? Yes		!	When	eptember 19, 1978			
If this production is commingled with that IV. COMPLETION DATA	+		·	,			1		1	БСР	comber 1	10, 10,0		
Decignate Type of Completion	(V)	Oil Well		Ga	s Wel	ı	New Well	Workover	Dec	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded							1		<u> </u>		<u></u>	l	1	
Date Spooled	Date Com	ipl. 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							
		TIDDIC	C 4 6	TA T	~	ID	OC) (C) (C)	IG BEGOD			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					עא		DEPTH SET	D	T	SACKS CEM			
THOSE OFF		10.110 a 10	20110	013	<u> </u>			DEF IN SET			 	MONS CEMI	ENI	
														
V. TEST DATA AND REQUES	TEOD	ALLOW	ADI								l			
-					and n		he equal to or :	exceed ton all	numbla	Car this	danth ar ha f	for full 24 hou)	
Date First New Oil Run To Tank		t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)												
								•			•			
Length of Test	Tubing Pressure						Casing Pressur	ie		Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF	***			
			·· ·											
GAS WELL Actual Prod. Test - MCF/D	T	et :				₁								
Actual Frod. 1est - MCF/D	Length of Test						Bbis. Condensate/MMCF				Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COM	TA	NIC	'E'						<u> </u>			
I hereby certify that the rules and regula				IAC	∠E,		С	IL CON	ISEI	RVA	NOITA	DIVISIO	N	
Division have been complied with and t	hat the info	rmation give	n abo	ve								-,,,,,,,		
is true and complete to the best of my k	nowledge a	nd belief.					Date	Approve	d					
Carol Cantrell							Daie	, thhi ove	u					
						.	By State of the st							
Signature Carol Cantrell Production Clerk							By ANDREAS HORSES OF SEXTON							
Printed Name			Title				Title				error of the entire of	(v)		
January 3, 1991 Date	806-3	76-6583	hone	N/s		.								
		reic	Privite	٠٠٠,		I	l I							

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.