Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, 1kcbbs, NM 88240

State of New Mexico Anterest, Minerals and Natural Resources Deparate

From C 194 Review 141-87 See Instructions at Bullian of Page

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator | | | | | | | Well | Well API No. | | | |
|--|--|---|-----------------------|--------------|------------------------------------|---------------------------------|---|-----------------------|----------------|------------|--|
| Matador Operating Company | | | | | | 30-025-31037 | | | | | |
| Address | | | | | | | | | | | |
| 801 S. Fillmore, Suite | 460, 1 | Amarill | .o, T | 7910 | | | | | | | |
| Reason(s) for Filing (Check proper box) New Well | | C !- | . T | | Օւհ | er (Please expla | (זעו | | | | |
| Recompletion | Oil | Change in | Dry Ga | | | | | | | | |
| Change in Operator | | ad Gas 🔀 | . • | | | | | | | | |
| If change of operator give name and address of previous operator | | | | | | | | | | | |
| II. DESCRIPTION OF WELL AND LEASE | | | | | | | | | | | |
| Lease Name | AND LE | Well No. | Dool No | 1 | : F ! | | 1,,, | | - | | |
| Matador 28 State | | | | fcamp, South | | | nia Federal or Ese | | Lease No. | | |
| Location | | - | TOTT | OTII WOI | .rcanp, s | ouui | | | VB- | -0382 | |
| Unit LetterE | _ :19 | : 1980 Feet From The North Line and 660 Feet From The West Line | | | | | | | | Line | |
| Section 28 Townshi | p. 189 | 3 | Range | 33E | : N1 | мрм, | T. | 22 | | Causan | |
| County | | | | | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | | | |
| Name of Authorized Transporter of Oil | Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | |
| Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas | | | | | | P. O. Box 2528, Hobbs, NM 88240 | | | | | |
| Name of Authorized Transporter of Casin | Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | |
| CONOCO, Inc. If well produces oil or liquids, Unit Sec. Two. Ree | | | | | | | | | | X 79705 | |
| give location of tanks. | IE I | ა∝. 28 | Twp. Rge. 18S 33E | | is gas actually | , | When? February 19, 1991 | | | | |
| If this production is commingled with that | | | | | | | 1 10 | oruary 1 | 9, 1991 | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA | | | | | | | | | | | |
| Designate Type of Completion | - (%) | Oil Well | G | as Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | | pl. Ready to | | | Taial Basis | L | | | | | |
| | Date Com | pi. Keady to | rioa, | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | 1 | | | Depth Casing Shoe | | | |
| | | | | Depui Casin | g Snoc | • | | | | | |
| TUBING, CASING AND | | | | | CEMENTIN | NG RECORT |) | 1 | | | |
| HOLE SIZE | | DEPTH SET | | S | ACKS CEN | AENT | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOWA | RLE | | | | | L | | | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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 Tes | 1 | , | | Producing Met | thod (Flow, pum | v. eas list. et | c.) | or juli 24 hol | us.j | |
| | | | | | - | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressur | e | | Choke Size | | | |
| Actual Prod. During Test Oil - Bhis | | | | | N/ | · | | | | | |
| The same see | Oil - Bbls. | | | | | Water - Bbls. | | | Gas- MCF | | |
| GAS WELL | | | | | | | | | | · | |
| Actual Prod. Test - MCF/D | Length of T | | | | F | | | | | | |
| | rengin or 1 | CSI | | - | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| esting Method (pitot, back pr.) | Ck pr.) Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| | | | | | | | | GIORE SIZE | | | |
| I. OPERATOR CERTIFICA | TE OF | COMPI | TANC | Tr. | | | | | | | |
| I hereby certify that the rules and regulat | ions of the C | il Conserva | illon | | 0 | IL CONS | SERVA | TION | NIVISIO | M | |
| 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. | | | | | | | | | | | |
| Zam Car | | | | | Date Approved | | | | | | |
| Signature Signature | | | | | By ORIGINAL SIGNED BY JERRY SEXTON | | | | | | |
| Ies M. Carnes Executive Vice President | | | | | By DISTRICT I SUPERVISOR | | | | | | |
| Printed Name Title | | | | | Title | | | | | | |
| 4-3-91 806-376-6583 Date Telephone No. | | | | | 11119 | | | | | | |
| | | 1 elept | юле 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.