Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico rgy, Minerals and Natural Resources Departs

Form C-104 Revised 1-1-89 See Instructions at Bottom 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

I.	T	O TRAN	ISPORT OIL	AND NAT	TURAL GA	S	5/			
	MATADOR OPERATING COMPANY						Well API Na 30-025-31037			
Address 801 S. Fill	MORE,	Su	TE 460	, AM	ARILLO	, TX	79101			
Address 80   S. FILMORE, SUITE 4-60, AMARILLO, TX 7910    Reason(s) for Filing (Check proper box)  New Well										
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEAS	SE								
Lease Name  MATADOR 28 STATE  Well No. Pool Name, Including Formation  CORBIN WOLFCAMP, SOUTH  State, Federal or Fee  VB-0382										
Unit Letter =: 1980 Feet From The NORTH Line and 660 Feet From The WEST Line										
Section 28 Township 185 Range 33E , NMPM, LEA County										
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil RNRON OIL TRADING At	Address (Give address to which approved copy of this form is to be sent)  P.O. BOX 1188 HOUSTON TX 7725  Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be								J M G 10 0E 3E		
If well produces oil or liquids, give location of tanks.	巨	<u> 28 i</u> 1	85 33E							
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or po	ol, give comming	ling order numb	)er:					
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		rod.	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									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
		<del></del>			<del></del>	· · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQUES			•				<del></del>			
OIL WELL (Test must be after re Date First New Oil Run To Tank	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 Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	t			1		· · · · · · · · · · · · · · · · · · ·	1	<del>,</del>		
Actual Prod. Test - MCF/D	Length of Te	si		Bbls. Conden	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-in	i)	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.				OIL CONSERVATION DIVISION Date Approved JAN 0 9 1991						
Zes M. Carner										
Signature LES M. CARNES EX VP Printed Name Title 1-7-91 (806) 376-6583 Date Telephone No.				By ORIGINAL SECTION BY JERRY SEXTON DISTRICT I SUPERVISOR  Title						
1-7-91 Date	(806)	376-6 Teleph	583 none No.	This		· · · · · · · · · · · · · · · · · · ·	<del></del>			

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.

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