

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Matador Operating Company		Well API No. 30-025-31590
Address 415 W. Wall, Ste 1101, Midland, TX 79701		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM) <i>delete from lease name</i>		
If change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name (Federal) Lek 28	Well No. 1	Pool Name, Including Formation Undesignated, Bone Spring	Kind of Lease State, (Federal) or Fee	Lease No. NM 67993
Location Unit Letter M : 810 Feet From The South Line and 660 Feet From The West Line Section 28 Township 18S Range 33E, NMPM, Lea County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Phibro Energy USA, Inc. <i>Navajo Ref.</i>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 500 Dallas Ave, Ste 3200, Houston, TX 77002				
Name of Authorized Transporter of Casinghead Gas Conoco, Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10 Desta Drive East, Ste 550, Midland, TX 79705				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 28	Twps. 18S	Rge. 33E	Is gas actually connected? no	When?
If this production is commingled with that from any other lease or pool, give commingling order number: NA						

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-22-92	Date Compl. Ready to Prod. 11-21-92		Total Depth 11450		P.B.T.D. 9518			
Elevations (DF, RKB, RT, GR, etc.) 3773 GL	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8705'		Tubing Depth 8704'			
Perforations 8705' - 9340'					Depth Casing Shoe 9519			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		387.75 KB		410 SX			
11"	8 5/8"		2947.74 KB		1000 SX			
7 7/8"	5 1/2"		9519.16 KB		350 SX			

### 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 11-23-92	Date of Test 11-25-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure NA	Casing Pressure NA	Choke Size Open
Actual Prod. During Test	Oil - Bbls. 81	Water - Bbls. 260	Gas - MCF TSTM

### 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.

*Les Carnes*  
Signature  
Les Carnes Executive VP  
Printed Name  
11-25-92 Date  
915-687-5957 Telephone No.

### OIL CONSERVATION DIVISION

Date Approved NOV 30 '92  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title

### 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.