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

State of New Mexico ergy, Minerals and Natural Resources Depart

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

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

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.	-	TO TRAN	ISPORT OI	L AND NA	TURAL GA	AS				
Operator						1	API No.	******		
Matador Operating	30			0-025-31901						
Address 415 W. Wall, Ste 1	1∩1 M	idland	TV 707	Ο 1						
Reason(s) for Filing (Check proper box)	101, 11	Turanu	, 1/ / 3/		er (Please expla	in)				
New Well		Change in T	ransporter of:		ci (i ieuse expir	inj				
Recompletion Oil Dry Gas Effective May 1, 1993										
Change in Operator	Casinghea	d Gas 🗌 C	Condensate			, , , , , , , , , , , , , , , , , , , ,	·	1330		
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	ANDIE	CE			· · · · · · · · · · · · · · · · · · ·					
Lease Name	AND LEA		ool Name Includ	ling Formation		1 10: 1				
Lea AQ State	Well No. Pool Name, Includ						of Lease No. Federal or Fee E 1587			
Location			 				<u> </u>			
Unit Letter	_ :3	<u>30</u> F	eel From The W	est_Lin	e and165	0 Fe	et From The _	South	Line	
Section 29 Township 19S Range 35E NMPM, Lea County										
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
	9801 Westheimer, Ste 900, Houston, TX 77042					77042				
Name of Authorized Transporter of Casin Warren Petroleum C	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102									
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?									
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or poo	ol, give comming	ling order numb	cer:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		<u></u>	Total Depth			P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations										
							Deput Casing	Depth Casing Shoe		
	TUBING, CASING AND			CEMENTING RECORD			! <u></u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. mcom b. m.										
V. TEST DATA AND REQUES OIL WELL Cost must be offer re							+			
OIL WELL (Test must be after ra Date First New Oil Run To Tank	Date of Test	al volume of l	oad oil and must	be equal to or	exceed top allow	vable for this	depth or be for	full 24 how	rs.)	
* -	Date of Test Producing Method (Flow, pump, gas lýl, etc.)									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	L				·					
Actual Prod. Test - MCF/D	Length of To	cat		Bble Condons	1- 4 A (CE					
				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF (COMPLI	ANCE							
I hereby certify that the rules and regular	tions of the O	il Conservatio	าต		IL CON	SERVA	TION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
The size confidence to the best of my to	Date .	Approved	<u></u> -	MAY 03	1333					
120 Km.		• •								
Signature Punko	Operations Manager				By The State of th					
R. F. Burke Printed Name	uperai	tions N Tit		1						
4-30-93	915-68	37-5955)	Title_		····	· · · · · · · · · · · · · · · · · · ·			
Date		Telepho	ne 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.