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

State of New Mexico argy, Minerals and Natural Resources Departm

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	REQ		-			AUTHORI					
I. TO TRANSPORT OIL AND NATURAL GAS Operator								Well API No.			
Texaco Exploration and Production Inc.						30 025 09413					
Address P. O. Box 730 Hobbs, NM	88241-	-0730									
Reason(s) for Filing (Check proper box)					X) Ot	her (Please expl	lain)				
New Well	Eff.4-1-91 return oper to TPI, change to Sirgo an error. TPI name changed to TEPI 6-1-91										
Recompletion	Oil Casinghe	-4 <i>0</i>	Dry Ga		a	n error. IP	name ci	nangea to I	EPI 6-1	-91	
If change of operator give name	Operati				31 Mid!	and, TX 79	9702				
and according to provide a operation				. <u> </u>	o i imidit	2110; TX 75	7102			· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Included the lease Name Well No. Pool Name, Included the lease Name Pool Nam					ing Formation Kin			of Lease No.			
MYERS LANGLIE MATTIX UNIT 33				LANGLIE MATTIX 7 RVRS Q GRAYBURG				State, Federal or Fee NM21644			
Location	400	•		60	NITH.	100	^	5 4	0.7		
Unit LetterJ	_ : <u>_ 198</u>	<u> </u>	_ Feet Fr	rom The	DOTH L	ne and1986	<u> </u>	et From The EA	.51	Line	
Section 25 Township 23S			Range	36E		імрм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	רעו	or Conde			Address (Gi	ve address to w		copy of this form		=	
Texas New Mexico Pipeline C					1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company					Audites (U)				Paso, Texas 79978		
If well produces oil or liquids, give location of tanks.	roduces oil or liquids, Unit Sec. To tion of tanks. G 5 2			Rge.	is gas actually connected? Who			ı ? UNKNOWN			
If this production is commingled with that	from any of	her lease or	pool, giv		ling order nun	iber:					
IV. COMPLETION DATA		1			1	· · · · · · · · · · · · · · · · · · ·	· ·				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	<u>i</u>	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. 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					<u> </u>			Depth Casing Shoe			
		MIDDIC	CASD	NC AND	CEMENTE	NC DECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
	ļ							<u> </u>		•	
	 										
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r Date First New Oil Run To Tank	the equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
Date First New Oil Run 10 1ank	Date of Test				r routing iv	lealed (Flow, pa	<i>υν</i> φ, gω .y., ι				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u>.L</u>				I		· · · · ·	<u> </u>	•		
thus Prod. Test - MCF/D Length of Test					Bols. Conde	Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)			Choke Size			
M ODED AMOD OFFI	A TITE OF	. CO. T	T T A 3 7	ICE.	<u> </u>			1			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regulations are regulated in the rules and regulations.				CE	(DIL CON	ISERV	ATION DI	VISIC	N	
Division have been complied with and	that the info	rmation giv						~a 1			
is true and complete to the best of my l	mowledge a	nd belief.			Date	Approve	d				
Ja Hoal					·						
Signature J. A. Head Area Manager					By						
Printed Name August 23, 1991			Title 393-7	-	Title						
Date			phone N								

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.