			C				بار مسترر ه				
Submit 5 Copies Appropriate District Office	State of New Me Energy, Minerals and Natural Re					es Departm	ent		Form C Revised	1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION								See Inst at Botto	m of Page	
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088										
P.O. Drawer DD, Astesia, NM \$\$210		Sa	nta Fe,	New Ma	xico 8750	4-2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410	REQ	JEST FO			LE AND		ZATION				
I. TO TRANSPORT OIL AND NATURAL GAS								Well API No.			
Texaco Exploration and Production Inc.						30 025 05					
Address P. O. Box 730 Hobbs, NM	88241-	0730									
Reason(s) for Filing (Check proper box)						FECTIVE 1					
New Well	Oil	Change in	Transport Dry Gas		EF	FECTIVE	10-01-91				
Change in Operator	Casinghe	ad Gas 🕅				=					
If change of operator give name and address of previous operator						<u></u>				<u></u>	
IL DESCRIPTION OF WELL	AND LE	ASE					1 121-1	-61	T	N	
Lesse Name Well No. Pool Name, Including Formation							State	of Lease , Federal or Fee	Lesse No. B243		
MYERS LANGLIE MATTIX UN		104	4								
Unit Letter P	. :660	: 660 Feet From The SOUTH Line and 660						Feet From The EAST Line			
Section 36 Townshi	, 2	35	Range	36E	, N	APM,		LEA		County	
	CDODT	70 OR O	T. ANT	NATTI	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Taxas New Maxico Pipeline C											
Texas New Mexico Pipeline	ہ 	[X]	or Dry C		1			d copy of this form			
Name of Authorized Transporter of Casing Texaco Exploration	& Prod				<u>Р.</u>	0. Box 1	137 Euni	ce, New Mex			
If well produces oil or liquids, give location of tanks.	Unit G	Sec.	Twp. 245	Rge. 37E	is gas actually	y connected? YES	Whe	/ben ? UNKNOWN			
If this production is commingled with that		1		L	ing order sum	ber:	A				
IV. COMPLETION DATA				as Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well			i						
Date Spudded	Date Con	pi. 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	Tubing Depth		
Perforations								Depth Casing S	Depth Casing Shoe		
	TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE										
								_			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR	ALLOW	ABLE	il and mus	he equal to a	exceed top al	llowable for ti	his depth or be for	full 24 hou	rs.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of T		9 1000 0		Producing M	ethod (Flow, p	pump, gas lift	elc.)			
	That is a Decement				Casing Pressure			Choke Size			
Length of Test	Tubing Pressure							Gair MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bols.			Gar MCr			
					l						
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pilot, back pr.)	I notar Liesunie (Same.m)										
VL OPERATOR CERTIFIC	ATE O	F COMI	PLIAN	CE					NISIC)N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION APR 2 9 '92						
is true and complete to the best of my	knowledge	and belief.			Date	Approv	ed				
Sur Johnson					11	••				744	
Signature L.W. JOHNSON		Fng	r. Assi		^{By} _	FIELD R	EP. 11	EO EY RAY			
Printed Name		·	Title		11			·			
April 16, 1992			393-7 ephone N								
			-		.IIII						

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.