DISTRICT | P.O. Box 1980, Hobbs, NM. 88240

□ L CONSERVATION DIVISIO

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	OTRA	NSP	ORT OIL	AND NA	TURAL G	AS					
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 09483						
Address				1					-			
P. O. Box 730 Hobbs, NM Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in	Transpo Dry Ga Conden	. 🗀	Ef		retur		er to TPI, o anged to			
If change of operator give name	Operating				31 Midle	nd TV 7	9702		<u></u>		 	
and address of previous operator Single			P. U.	BUX 35	31 Midia	nd, TX 7	3/02		 			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Include MYERS LANGLIE MATTIX UNIT 104 LANGLIE MAT									Lease Lease No. B243			
Location Unit Letter P	:660		. Feet Fr	om The SO	UTH Line and 660 Fee				et From The EAST Line			
Section 36 Township	p 23	23S Range 36E				, NMPM,				LEA County		
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AN	D NATU							·	
Name of Authorized Transporter of Oil Texas New Mexico Pipeline C Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing El Paso Natural	P. O. Box 1492 El Paso, Texas 79978											
If well produces oil or liquids, give location of tanks.	Unit G	S∞. 5	Twp. 24S	Rge. 37E	is gas actuali	y connected? YES		When		KNOWN		
If this production is commingled with that in IV. COMPLETION DATA	from any othe					, 						
Designate Type of Completion	- (X)	Oil Well	1 (Bas Well	New Well	Workover] De	epen	Plug Back	Same 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>				<u>. </u>			·····	Depth Casing	Shoe		
	CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				S.	SACKS CEMENT		
												
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE						d			
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						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					160. 4				Caula co	adia asta		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and to its true and complete to the best of my k	ations of the C	oil Conservention give	vation						ATION E			
Signature					By							
Y J. A. Head Printed Name August 23, 1991		505/3	Title 193-7	191	Title	·			 			
Date		166	phone N	u.	H							

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.