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

State of New Mexico .ergy, Minerals and Natural Resources Departn

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 III
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

i.		10 IH	ANSP	<u>JRI OI</u>	L AND NA	TURAL G					
Operator Texaco Exploration and Production Inc.					Well API No. 30 025 09548						
Address P. O. Box 730 Hobbs, NM	00044						<u></u>				
P. O. Box 730 Hobbs, NM Reason(s) for Filing (Check proper box)	88241-	0730			M ~	(D1	7.7.1				
New Well		Change is	a Transmo	eter of:		er (Please expl	•	or 40 TDI			
Recompletion	Oil	Citalge	Dry Ga		Eff.4-1-91 return oper to TPI, change to Sirgo an error. TPI name changed to TEPI 6-1-91						
Change in Operator	Casinghea	id Gas	Conden	_				god to	12110-1	-31	
If change of operator give name and address of previous operator	Operation		P. 0.	Box 35	31 Midla	nd, TX 75	9702				
II. DESCRIPTION OF WELL	AND LE										
Lesse Name Well No. Pool Name, Inclu MYERS LANGLIE MATTIX UNIT 209 LANGLIE MA					TIV 7 DVDC 0 CD4VDVDC			Ctota Eadami on Eas		ease No. 0467b	
Location				,	- <u></u>	o d dilato	OHO TEED	-HAL			
Unit Letter H	: 1980 Feet From The NO				RTH Line and 660			set From The EAST Line		Line	
Section 12 Townshi	, NMPM,			LEA		County					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O		NATU							
Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202										
Name of Authorized Transporter of Casin El Paso Natural	Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978					ent)				
If well produces oil or liquids,	Unit Sec.		Twp. Rg					When ?			
give location of tanks. If this production is commingled with that	G I	5	245	37E		YES	L_	UN	KNOWN		
IV. COMPLETION DATA	nom any our	et lease of	poot, give	COURINING	ing ofter num	er:					
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Well	Workover	Deepen	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.)	GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe						
			.						-		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
				·-···				<u> </u>			
											
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLE								
_				and must	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hour	æ.)	
Date First New Oil Run To Tank	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 - Bbis.			Gas- MCF			
GAS WELL				<u>.</u>		*			· · ·		
Actual Prod. Test - MCF/D	Bbls. Condensate/MMCF			Gravity of Condensate							
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
(/I ODED ATOD CEDIMINA			7 4 3 7 7		[
VI. OPERATOR CERTIFICA				E		II CON	SERVA	TION F		M	
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						
is true and complete to the best of my knowledge and belief.					Date ApprovedAUG 2.7 1991						
Da New C										1	
Signature J. A. Head Area Manager					By Branch State Control Control						
Printed Name August 23, 1991		•	Title 93-719		Title_				·· — · · · · · · · · · · · · · · · · ·		
Date			hone 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.