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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico
Ene Minerals and Natural Resources Department

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., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Texaco Exploration and Production Inc. 30 025 10706 DK Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Reason(s) for Filing (Check proper box) Other (Please explain) EFFECTIVE 6-1-91 New Well Change in Transporter of: Dry Gas Oil Recognoletion X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator

Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE LANGLIE MATTIX 7 RVRS Q GRAYBURG FEE Lease No. Well No. Pool Name, Including Formation 685270 SKELLY PENROSE A UNIT 42 Location 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Unit Letter Range 37E 10 235 LEA , NMPM, Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate INJECTOR Name of Authorized Transporter of Casinghead Gas or Dry Gas ____ Address (Give address to which approved copy of this form is to be sent) INJECTOR If well produces oil or liquids, Sec. Twp Rge. Is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Oil Well Gas Well Deepen | Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Date

Printed Name

K. M. Miller

May 7, 1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By ___

Title ___

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834

Telephone No.

- 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.