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

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

State of New Mexico Ené

Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction 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 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No Operator Texaco Exploration and Production Inc. 30 025 10762 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 New Well Change in Transporter of: Dry Gas Oil Recompletion X Casinghead Gas X Condensate Change in Operator if change of operator give name and address of previous operator

Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. | Pool Name, Including Formation Lease Name 546440 LANGLIE MATTIX 7 RVRS Q GRAYBURG STATE **NEW MEXICO BZ STATE NCT 8** Location .__1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Unit Letter 235 Range 37E **LEA** , NMPM, County Section Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Texas New Mexico Pipeline C 1670 Broadway Denver, Colorado 80202 X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas P. O. Box 1137 Eunice, New Mexico 88231 Texaco Exploration and Production Inc. Is gas actually connected? Twp. | 235 Rge. When? If well produces oil or liquids, Unit G 🔼 16 37É YES **UNKNOWN** 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 Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD **SACKS CEMENT** CASING & TUBING SIZE HOLE SIZE 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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Oil - Bbls.

Date

Actual Prod. During Test

GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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. Signature Div. Opers. Engr. K. M. Miller Title Printed Name 915-688-4834 May 7, 1991

OIL CONSERVATION DIVISION

Date A	pproved		1991
Ву	December 1		COUNT
Title_		<u></u>	

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.

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.