

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

**Form C-104**  
**Revised 1-1-89**  
**See Instructions**  
**at Bottom of Page**

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**L.**

Operator Texaco Exploration and Production Inc.		Well API No. 30 025 10870
Address P. O. Box 730 Hobbs, NM 88241-0730		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Eff. 4-1-91 return oper to TPI, change to Sirgo
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	an error. TPI name changed to TEPI 6-1-91
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of transporter give name and address of previous operator Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name MYERS L ANGLIE MATTIX UNIT	Well No. 18	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC030187
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>29</u> Township <u>23S</u> Range <u>37E</u> NMPM LEA County				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texas Mexico Pipeline Co					1670 Broadway Denver, Colorado 80202	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					P. O. Box 1492 El Paso, Texas 79978	
If oil produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	G	5	24S	37E	YES	UNKNOWN

If the production is commingled with that from any other lease or pool, give commingling order number:

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Completed	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
El. (KB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

## TUBING, CASING AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. DATA AND REQUEST FOR ALLOWABLE**

Oil Weight (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.)


D.	Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
L.		Tubing Pressure	Casing Pressure	Choke Size
Ac	Flowing Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

## CONCLUSIONS

Actual Flow - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Flow (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

# VENDOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Act have been complied with and that the information given above is complete to the best of my knowledge and belief.

  
J. A. Head Area Manager  
Title  
August 23, 1991 505/393-7191  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

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

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

ctions of this form must be filled out for allowable on new and recompleted wells.

but only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Form C-104 must be filed for each pool in multiply completed wells.