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

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

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 Brizos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	1	OTRAN	ISPC	RT OIL	. AND NA	TURAL GA					
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 10900					
Address P. O. Box 730 Hobbs, NM	00041_0	720									
cascon(s) for Filing (Check proper box) Well											
If change of operator give name Since Operating Inc. D. O. Doy, 2524, Midland, TV, 70700											
and address of previous operator Oli go operating, inc. P. O. Box 3331 Mildiand, 1X 79702											
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includi MYERS LANGLIE MATTIX UNIT 62 LANGLIE MAT					ng Formation Kind of State, 1 TIX 7 RVRS Q GRAYBURG FEE			of Lease Federal or Federal	Lease No. Lease No.		
Location Unit LetterD	SEO NODIU SEO. MIST								Line		
Section 31 Townshi	hip 23S Range 37E				, NMPM,			LEA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Texas New Mexico Pipeline C					Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [] El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978						
If well produces oil or liquids, give location of tanks.			Twp. Rge. 24S 37E		Is gas actually connected? YES		When	When 7 UNKNOWN			
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or po	ol, give	commingl	ing order numb	er:					
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Weli	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate 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					Depth Casing Shoe						
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR A	LOWAR	N.F.								
OIL WELL (Test must be after r				l and must					for full 24 hour	s.)	
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			G25- MCF			
GAS WELL	<u> </u>							<u> </u>			
ctual Prod. Test - MCF/D Length of Test					Bbls. Conden	mie/MMCF		Gravity of Condensate			
Festing 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. A a Hoa				OIL CONSERVATION DIVISION Date Approved							
Signature J. A. Head Area Manager					Title						
Printed Name Title August 23, 1991 505/393-7191 Date Telephone No.					Title						

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.