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I.

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 State of New Mexico rgy, Minerals and Natural Resources Departm

## 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 AUTHORIZAT | 'ION     |
|--------------------------------------|----------|
| TO TRANSPORT OIL AND NATURAL GAS     |          |
|                                      | Well API |

| Operator   | • •                              |                           |                      |                  |                                      |  |                             | API No.                    |                |             |
|--|----------------------------------|---------------------------|----------------------|------------------|--------------------------------------|--|-----------------------------|----------------------------|----------------|-------------|
| Texaco Exploration and P   | roauction                        |                           |                      | <u></u>          |                                      |  | 30                          | 025 10915                  | 5              |             |
| Address  |                                  |                           |                      |                  |                                      |  |                             |                            |                |             |
| P. O. Box 730 Hobbs, N   |                                  | -0730                     |                      |                  |                                      | ())  |                             |                            |                |             |
| Reason(s) for Filing (Check proper box                           | )                                | <b>A</b>                  | . <b>T</b>           | den afa          |                                      | et (Please expl                                      |                             |                            |                | _           |
| New Well   | Oil                              |                           | in Transpo<br>Dry Ga |                  | Ei                                   | 1.4 - 1 - 91   | return op                   | per to TPI, o<br>hanged to | TEDIE 4        | o Sirgo     |
| Recompletion<br>Change in Operator                               |                                  | ead Gas                   | Conden               |                  | <u>u</u>                             |  | i name c                    | nangeu to                  | IEPI 0-1       | -91         |
|  |                                  |                           |                      |                  | ······                               | ·  |                             |                            |                |             |
| and address of previous operator Sirc                            | jo Operat                        | ing, Inc.                 | . P.O.               | Box 35           | 31 Midla                             | nd, TX 79  | 9702                        |                            |                |             |
| II. DESCRIPTION OF WELL  | L AND LF                         | EASE                      |                      |                  |                                      |  |                             |                            |                |             |
| Lease Name   |                                  | Well No.                  | Pool Na              | me, Includ       | ing Formation                        |  | Kind                        | of Lease                   | 1              | esse No.    |
| MYERS LANGLIE MATTIX U   | JNIT                             | 91                        |                      | •                | · ·                                  | S Q GRAYB  | URG STA                     | , Federal or Fee           | B132           |             |
| Location   |                                  |                           | 1                    |                  |                                      | u unitip   |                             |                            |                |             |
| Unit Letter  | 198                              | 80                        | Feet Fre             | om The <u>S(</u> |                                      | e and660   | ).<br>I                     | eet From The               | AST            | Line        |
| Section 32 Towns   | hip ;                            | 235                       | Range                | 37E              | , N                                  | MPM,   |                             | LEA                        |                | County      |
|  |                                  |                           |                      |                  |                                      |  |                             |                            |                |             |
| III. DESIGNATION OF TRA<br>Name of Authorized Transporter of Oil |                                  | OF CONDE<br>OF CONDE      |                      | <u>D NATU</u>    |                                      | e address to wi                                      | hich anneme                 | d copy of this fo          | em is to be a  | e=()        |
| INJECTOR   |                                  |                           |                      | LJ<br>           |                                      |  |                             |                            |                |             |
| Name of Authorized Transporter of Cas<br>INJE                    | inghead Gas<br>ECTOR             |                           | or Dry (             | Gas              | Address (Giv                         | e address to wi                                      | hich approve                | d copy of this fo          | rm is to be se | tnt)        |
| If well produces oil or liquids,<br>give location of tanks.      | Unit                             | Sec.                      | Twp.                 | Rge.             | e. Is gas actually connected? When ? |  |                             |                            |                |             |
| If this production is commingled with the                        | at from any of                   | ther lease or             | r pool, give         | e commine        | ling order zum                       |  | I                           |                            | <u></u>        |             |
| IV. COMPLETION DATA  |                                  |                           |                      |                  | ·                                    |  |                             |                            |                | •           |
| Designate Type of Completion                                     | n - (X)                          | Oil Wel                   | u   G                | as Well          | New Well                             | Workover   | Deepen                      | Plug Back                  | Same Res'v     | Diff Res'v  |
| Date Spudded   | Date Corr                        | npl. Ready t              | o Prod.              | ·····            | Total Depth                          | 4  | A                           | P.B.T.D.                   |                | <b></b>     |
| Elevations (DF, RKB, RT, GR, etc.)                               | tc.) Name of Producing Formation |                           |                      | · · · · · ·      | Top Oil/Gas Pay                      |  |                             | Tubing Depth               |                |             |
| Perforations   |                                  |                           |                      |                  | l                                    | ·  |                             | Depth Casing               | Shoe           |             |
|  |                                  |                           |                      |                  |                                      |  |                             |                            |                |             |
|  |                                  |                           |                      |                  | CEMENTI                              | NG RECOR   | D                           |                            |                |             |
| HOLE SIZE  | CA                               | SING & T                  | UBING S              | IZE              |                                      | DEPTH SET  |                             | S                          | ACKS CEM       | ENT         |
|  |                                  |                           |                      |                  | ļ                                    |  |                             |                            |                |             |
|  |                                  |                           | ···- <i>=</i> ··     |                  | ļ                                    |  |                             |                            |                |             |
|  | <del></del>                      |                           |                      |                  |                                      |  |                             |                            | <u></u>        |             |
| V. TEST DATA AND REQUE   | ST FOP                           | ALLOW                     | ARLE                 |                  | l                                    |  |                             | 1                          |                |             |
| OIL WELL (Test must be after                                     |                                  |                           |                      | l and must       | he equal to or                       | exceed top allo                                      | wable for th                | is denth or he fo          | r full 24 hour | <b>re</b> ) |
| Date First New Oil Run To Tank                                   | Date of Te                       |                           | 0) 10111 01          |                  |                                      | thod (Flow, pu                                       |                             |                            | 1 Juni 24 1000 | · •./       |
|  |                                  |                           |                      |                  |                                      | • •  |                             | •                          |                |             |
| Length of Test   | Tubing Pressure                  |                           |                      | Casing Pressure  |                                      |  | Choke Size                  |                            |                |             |
|  |                                  |                           |                      | 1                |                                      |  |                             |                            |                |             |
| Actual Prod. During Test   | Oil - Bbls.                      | Oil - Bbls.               |                      | Water - Bbls.    |                                      |  | Gas- MCF                    |                            |                |             |
| GAS WELL   |                                  |                           |                      |                  | <b>!</b>                             |  |                             | _ <b>I</b>                 | •              |             |
| Actual Prod. Test - MCF/D  | Length of                        | Test                      |                      |                  | Bbis. Condensate/MMCF                |  |                             | Gravity of Condensate      |                |             |
|  |                                  |                           |                      |                  |                                      |  |                             |                            |                |             |
| Testing Method (pilot, back pr.)                                 | Tubing Pr                        | Tubing Pressure (Shut-in) |                      |                  | Casing Pressure (Shut-in)            |  | Choke Size                  |                            |                |             |
| VI. OPERATOR CERTIFIC  | <br>אידב הי                      |                           | DT TANT              | <u></u>          | <u>ار</u>                            |  |                             |                            |                |             |
| I hereby certify that the rules and regu                         |                                  |                           |                      |                  |                                      | DIL CON  | SERV                        | ATION D                    | VISIO          | )N          |
| Division have been complied with and                             |                                  |                           |                      |                  |                                      |  |                             |                            | -              |             |
| is true and complete to the best of my                           |                                  |                           |                      |                  | Doto                                 | Annrouod   | 4                           | <b>UG 2</b> 7              | 1331           |             |
|  |                                  |                           |                      |                  | Date                                 | Approved   |                             | ·                          |                |             |
| Ja Hear  | /                                |                           |                      |                  |                                      | Sec. S. S.   | See States                  | a. e. e                    |                |             |
| Signature  |                                  | A                         | Masse                |                  | <sup>By</sup>                        | Carlo and and an | andra til.<br>Talifi si til | <u>a kana</u><br>Ferina    | <u></u>        |             |
| J. A. Head   |                                  | Area                      | Manage<br>Title      | er               | 11                                   |  | n nga di Qin                | 化石化化石酸                     |                |             |
| August 23, 1991  |                                  | 505/3                     | 393-71               | 91               | Title_                               |  |                             |                            |                |             |
| Date   |                                  |                           | phone No.            |                  |                                      |  |                             |                            |                |             |
|  |                                  |                           | -                    | 1 I              |                                      |  |                             |                            |                |             |

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.

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- 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.

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