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

State of New Mexico .rgy, 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

P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS T. Well API No. 30 025 10916 Texaco Exploration and Production Inc. Hobbs, NM 88241-0730 P. O. Box 730 X Other (Please explain) Reason(s) for Filing (Check proper box) Eff.4-1-91 return oper to TPI, change to Sirgo Change in Transporter of: New Well an error. TPI name changed to TEPI 6-1-91 Oil Dry Gas Recompletion XChange in Operator If change of operator give name and address of previous operator Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lesse No. Well No. | Pool Name, Including Formation B1327 LANGLIE MATTIX 7 RVRS Q GRAYBURG STATE MYERS LANGLIE MATTIX UNIT Location Feet From The EAST 1980 Feet From The NORTH Line and Line Range 37E LEA 235 32 , NMPM, County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Texas New Mexico Pipeline C 1670 Broadway Denver, Colorado 80202 or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company P. O. Box 1492 El Paso, Texas 79978 Rge. is gas actually connected? When? If well produces oil or liquids, give location of tanks. 5 245 37E YES UNKNOWN G If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v Oil Well Gas Well New Well Workover Deepen Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE Y. 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Gas- MCF Water - Bbls Oil - Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL 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

J. A. Head

August 23, 1991

Date

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

Title_

Dar were destructed by John Sci<mark>xton</mark> FRENCT ; SUPERVISOR

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

Area Manager

Title

505/393-7191

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.