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ppropriate District Office
ISTRICT I
O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

ISTRICT III XXX Rio Brazos Rd., Aztec, NM 87410

ISTRICT II O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRANS	PORT OIL	AND NAT	URAL GA	S	.Pl No.		<del></del>	
perator					-025-					
Sirgo Opera				0-023-						
ddress P.O. Box 35	วา พ.เพี	lland.	<b>Теха</b> с	79702 _						
eason(s) for Filing (Check proper box)	31, MIQ	trana,	ICAGO	Othe	r (Please explai	in)				
lew Well	(	Change in Tran		Eff	ective	4-1-9	1. Chai	nge fro	m Texado	
.ecompletion	Oil	•	Gas 📙	Pro	ducing	,'Inc.	to Si	rgo Ope	rating, I	
hange in Operator X	Casinghead	Gas Cor	densate					<del></del>		
change of operator give name d address of previous operator	exaco F	roduci	ng, Inc	., P.O.	Box 7:	28, Ho	bbs, N	M 8824	0	
	ANDIRA	CE								
. DESCRIPTION OF WELL	ng Formation Kind o			Lease No.		,				
	Se Name Unit Well No. Pool Name, Including Myers Langlie Mattix 56 Langlie					Mattix SR QN (State)			327	
ocation				A i	<b>~</b> ~			$\digamma$		
Unit Letter	<u>  :  33                               </u>	<u> </u>	t From The	Line	and <u>2</u> 2	<u>'][)</u> Fe	et From The.		Line	
0.0	. <u>1</u> 2	2	27	F NR	лРМ,	Lea_			County	
Section 3 Townsh	ip 🔬	Rai	nge /	, 111	111 141,	1000				
1. DESIGNATION OF TRAI	NSPORTER	OF OIL	AND NATU	RAL GAS					<del></del>	
lame of Authorized Transporter of Oil		or Condensate		Address (Ow	e address to wh				nt)	
Texas New Mexico	Pipelin	ne Co.		P.O.	Box 252	8, Hob	bs, NM	is to be se		
lanse of Authorized Transporter of Casis	ighead Gas	X or	Dry Gas		e address 10 wh BOX 149					
El Paso Natural C	as Co.	Sec. Tw	p. Rge.		V connected?	When	?	<u> </u>		
well produces oil or liquids, ve location of tanks.	Unit	-	24S 37E	Yes	, •••	i				
this production is commingled with that					oer:					
/. COMPLETION DATA				_					<del></del>	
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			<u> </u>	Total Depth	<u></u>	L	P.B.T.D.	l	J	
late Spudded	Date Compl. Ready to Prod.			- com extens						
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
levations (D1-, Max), M1, Ord, Get,							Depth Casing Shoe			
erforations							Depth Casi	ng Shoe		
				OC) CC) TTT	NC DECOR	D		<u> </u>		
				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE			DEFINGET						
. TEST DATA AND REQUI	ST FOR A	LLOWAB	LE			awahla for th	ie denth or he	for full 24 hou	rs.)	
IL WELL (Test must be after	Date of Tes	tal volume of l	oad oil and mus	Producing M	ethod (Flow, p	ump, gas lift,	eic.)	Jor Jan 21 1102		
ate First New Oil Run To Tank										
ength of Test Tubing Pressure				Casing Press	ure		Choke Size			
ength of rest							Gas- MCF			
ual Prod. During Test Oil - Bbls.				Water - Bbls.			G45- IVICE			
				_L						
AS WELL					6.0705		Conviewed	Condensate	<del></del> 1	
ctual Prod. Test - MCF/D	Length of	Test		Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
		amina /Chini !=	<del>,</del>	Casing Pressure (Shut-in)			Choke Siz	Choke Size		
sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				( ,						
	O A TITLE OF	COLOT	IANCE							
T. OPERATOR CERTIFI	CAILOF	Oil Concernation	ion IATACE		OIL COI	NSER	/ATION	DIVISIO	Ŋ	
I hereby certify that the rules and rep Division have been complied with a	nd that the info	emation given	above						• •	
is true and complete to the best of m	y knowledge a	nd belief.		Dat	e Approve	ed			·	
$\bigcap$	<del></del>	_		11						
Donnie Cl	lua	ten		∥ <sub>Rv</sub>	Çirin yerir					
Signature	Dro	duction	Tech.	5,-						
Bonnie Atwater	FIOC		ide	Title	)					
Printed Name 4-8-91	915	/685-08	378	11111	<i></i>	<del></del>				
Date		Teleph	one No.	i l						

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.