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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		IO THA	INS	PORT OIL	AND NA	I UHAL GA	40 - K	7.11 A	DI No		 			
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 10924								
Address P. O. Box 730 Hobbs, NM	88241–0	730												
Reason(s) for Filing (Check proper box)	00241-0	7700			X Oth	et (Please expl	ain)							
	Eff.4-1-91 return oper to TPI, change to Sirgo													
New Well		Change	sporter of:	an error. TPI name changed to TEPI 6-1-91										
Recompletion \bigsqcup	• 100							an on on the name of the same						
Change in Operator	Casinghese	d Gas 📙	Con	densate										
If change of operator give name and address of previous operator Sirgo	Operatin	ig, Inc.	Р.	O. Box 35	31 Midla	nd, TX 79	702							
II. DESCRIPTION OF WELL	AND LEA		Th	None Technic	- Etion		I K	ind o	(Lease	1 1/	ese No.			
Lesse Name MYERS LANGLIE MATTIX UN	Well No. 89	1	l Name, Includi NGLIE MAT	THE T PHONE OF STANDINGS			State, Federal or Fee							
Location	. 1980	1		50	UTH	216	O-	_		WEST	T in a			
Unit Letter				From The SO	Live and Iwi ive						Line			
Section 33 Township	, 23	35	Ran	ge 37E	, N	MPM,			LEA		County			
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS	a address to w	hich anns	ou d	com of this f	orm is to be se				
Name of Authorized Transporter of Oil INJECTOR	Address (Give address to which approved copy of this form is to be sent)													
Name of Authorized Transporter of Casinghead Gas or Dry Gas INJECTOR					Address (Give address to which approved of				copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp		Is gas actually connected? When ?				7					
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool,	give comming!	ing order num	ber:								
		Oil Well	ī	Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completion Date Spudded	- (X) Date Comp	al. Ready to	o Prod	<u> </u>	Total Depth	<u> </u>	<u>.l</u>		P.B.T.D.		<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation					100 011 011 011				Tubing Depth				
Perforations						Depth Casing Shoe								
	7	TIBING	. CA	SING AND	CEMENTI	NG RECOR	SD .							
					DEPTH SET				SACKS CEMENT					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEF HIGH								
	 													
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR A	LLOW	ABL	E	he equal to or	exceed top all	lowable fo	er this	depth or be	for full 24 hou	rs.)			
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Te		. oj 100	uu ou and must	Producing M	ethod (Flow, p	nump, gas	lift, e	(c.)		· · · · · · · · · · · · · · · · · · ·			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF					
Second Lion round test	Oil - Buik													
GAS WELL						. A A 3 A B			18	·				
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Condensate/MMCF				Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
VI. OPERATOR CERTIFIC							NSE			DIVISIO)N			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION									
is true and complete to the best of my	knowledge å	nd belief.			Date	Approve	ed				-			
Ja Hear					By_	By GRIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR								
J. A. Head Area Manager														
Printed Name August 23, 1991				-7191	Title									
Date		Tel	ephor	se No.	11									

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.