Submit 5 Copies Appropriate District Office 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Sar	nta Fe,		lox 2088 Iexico 8750	4-2088						
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 I.					BLE AND A							
Operator						Well API No.						
Texaco Exploration and Production Inc. Address						30 025 10929						
P. O. Box 730 Hobbs, NM	88241-0	730	_									
Reason(s) for Filing (Check proper box)		_		_		A (Please explo		- 4- TDI		O *		
New Well	Oil	Change in	Transpor Dry Gar			f.4-1-91 r error. TP						
Recompletion Change in Operator	Casinghead	Gas 🔲	Conden		_							
to the state of th	Operatin	g, Inc.	P. 0.	Box 3	531 Midla	nd, TX 79	702					
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name		Well No. Pool Name, Including				State			of Lease No. Federal or Fee			
MYERS LANGLIE MATTIX UN	т [79	LANG	LIE MA	TIX 7 RVRS	Q GRAYBU	JRG FEE		l	, 		
Unit LetterE	:2310		Feet Fre	om The N	ORTH LIM	and990) Fe	et From The	WEST	Line		
Section 33 Township	, 23	S	Range	37E	, NI	ирм,		LEA		County		
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L ANI	D NATI	JRAL GAS							
Name of Authorized Transporter of Oil INJECTOR	Address (Giv	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 (Giv	Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is			is gas actually	is gas actually connected? When			?				
If this production is commingled with that	from any other	r lease or p	pool, giv	e commin	gling order numl	ber:						
IV. COMPLETION DATA		lou w. u		las Well	New Well	Workover	Deepen	Plug Back	Come Dee's	Diff Res'v		
Designate Type of Completion	- (X)	Oil Well		WE METT	I Mem Mett	WOKOVEI	Deepen	I ring back	Perior Ves A	Dill Kes v		
Date Spudded	Date Compi, Ready to Prod.				Total Depth	Total Depth						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth				
Perforations				Depth Casing Shoe								
	TUBING, CASING AND				CEMENTI							
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
								<u> </u>				
		II OW	A D.F. TO									
V. TEST DATA AND REQUES OIL WELL (Test must be after re	I FUK A ecovery of tol	LLUVV i al volume :	ABLE of load o	oil and mu	st be equal to or	exceed top all	owable for thi	s depth or be j	or full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test				Producing M	Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>							<u>. </u>	•			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE	1	<u> </u>	1055	ATION!	רון איני	N 1		
I hereby certify that the rules and regulations of the Oil Conservation					- []	OIL CON						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Date Approved						
la Heal					II.							
Signature J A Head Area Manager					By ORIGINAL SHONED BY JERRY SEXTION							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

J. A. Head

August 23, 1991

Printed Name

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.

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

Area Manager

505/393-7191 Telephone No.

Title

- 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.