Submit 5 Copies
Appropriate Di vict Office
DISTRICT I
P.O. Box 198' Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM \$7410

DISTRICT II P.O. Drawer I.D., Astesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.			いいろにし		- VIAN IÁV	I OUVE ON					
Operator								Well API No.			
Texaco Exploration and Production Inc.						30 025 26906					
Address P. O. Box 730 Hobbs, NM	88241-0	730									
Reason(s) for Filing (Check proper box)	00247				X Oth	es (Please expli	ain)				
New Well											
Recompletion	Oil		Dry Gas	_							
Change in Operator L	Casinghead	Gas 🔼	Condens	ate							
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	· 1	Well No. Pool Name, Includi			13			Kind of Lease State, Federal or Fee		Lesse No.	
MYERS LANGLIE MATTIX UN	<u> </u>	41	LANGL	LE MAT	TIX 7 RVRS Q GRAYBURG FE			<u>· </u>			
Location O	. 660			SC	V ITL	1880	. .		EAST		
Unit Letter	- :		. Feet Fro	m The SC	Lin	and	Fe	et From The	EAGI	Line	
Section 30 Township	37E	, N?	ирм,		LEA County						
III. DESIGNATION OF TRAN				<u>NATU</u>		a address to wil	ich annuaud	anne of this f	orm is to be se		
Name of Authorized Transporter of Oil Texas New Mexico Pipeline C						Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
Texaco Exploration	P. O. Box 1137 Eunice, New Mexico 88231										
If well produces oil or liquids, Unit tive location of tanks.		Sec. Twp.		Rge. 37E	is gas actually connected? YES		When	-	IZNOVA/NI	,	
If this production is commingled with that i					<u> </u>		<u></u>	UN	KNOWN		
IV. COMPLETION DATA	ion ally one		hoort Brie								
		Oil Well	G	as Well	New Well	Workover	Доереп	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	<u> </u>		Total Depth				<u> </u>	<u> </u>	
Date Speeded	Date Compt	i. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	utions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
			G + 677 /	<u> </u>	Or LEL WITH	IO DECOD		<u> </u>			
TUBING, CASING A HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE CASIN			DING SI	<u> </u>	DEF IN SET			SAONS CEMENT			
				· · · · · · · · · · · · · · · · · · ·		:					
I man bank a bank bank bank bank bank bank	T DOD A	T AND						J			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and must	he equal to or	exceed ton allo	wahle for this	denth or he f	or full 24 hour	e i	
Date First New Oil Rus To Tank	Date of Test		0) 1001 0-			thod (Flow, pu					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Ashal Bard During Test	01. Phi				Water - Bbls.			Gas- MCF			
Actual Prod. During Test Oil - Bbls.											
OAC THE I	<u> </u>							I			
GAS WELL Actual Prod. Test - MCF/D	Length of Te	rat .		 :	Bbis. Condens	ate/MMCF		Gravity of C	ondensate		
Longit of 100											
Testing Method (pitot, back pr.)	Method (pilet, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
	l				r			L			
VI. OPERATOR CERTIFICA				CE	ح ا	IL CON	SERVA	I MOLTA		N	
I hereby certify that the rules and regula							CLITT	111011	2141010		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Data	Annrovo	4		APR 29	' 02	
					Date ApprovedAPR 2 9 '92						
- The Johnson					Ry Commiss promise no see a con-						
Signature L.W. JOHNSON Engr. Asst.					By SERVED BY RANGED BY RAN						
Printed Name			Title		4	1 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/				
April 16, 1992			93-71								

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.