DISTRICT | P.O. Box 1980, Hobbs, NM 88240

CTL CONSERVATION DIVISION

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DISTRICT II P.O. Drawer DD, Antesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088

| DISTRICT III | | | | | |
|-----------------|-----|--------|----|-------|---|
| 1000 Rio Brazos | Rd. | Aztec. | NM | 87410 | F |

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I. | | TO TRA | NSI | POF | RT OIL | AND NA | rur/ | AL GA | IS | | | | |
|---|--|---------------|--|-------------|--------------------------------|--|-------|--------------|---------------------------------------|------------------------------|-----------------|------------|--|
| Operator Texaco Exploration and Production Inc. | | | | | | | | | | Well API No. 30 025 26906 | | | |
| Address P. O. Box 730 Hobbs, NM | 88241- | 0730 | | | | | | | | | | | |
| Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate Other (Please explain) Eff. 4-1-91 return oper to TPI, change to Sirgo an error. TPI name changed to TEPI 6-1-91 | | | | | | | | | | | | | |
| If change of operator give name and address of previous operator Sirgo | Operatir | ng, Inc. | Р. | 0. B | ox 35 | 31 Midia | nd, T | X 79 | 702 | | | | |
| II. DESCRIPTION OF WELL | | | | | | | | | | | | | |
| Lease Name MYERS LANGLIE MATTIX UNI | Well No. Pool Name, Include | | | | | | | | | of Lease No. Federal or Fee | | sase No. | |
| Location Unit Letter O | : 660 Feet From The SOUTH Line and 1880 Feet From The EAST | | | | | | | | | Line | | | |
| Section 30 Township | , 2: | 38 | Rang | e 3 | 7E | , N | ирм, | | | LEA | | County | |
| III. DESIGNATION OF TRANS | SPORTE | | | ND I | NATU | RAL GAS | | | | | | | |
| 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 Casinghead Gas X or Dry Gas Address (Give address to which approved copy of El Paso Natural Gas Company P. O. Box 1492 El Paso | | | | | | | | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 5 | Twp. Rge. 245 37E | | Is gas actually connected? YES | | | When | When 7 UNKNOWN | | | | |
| If this production is commingled with that f | rom any oth | er lease or | pool, | give c | omming | ing order numb | er: | | | | | | |
| IV. COMPLETION DATA Designate Type of Completion - | | Oil Well | Ţ | Gas | Well | New Well | Worl | cover | Deepen | Plug Back | Same Res'v | Diff Rer'v | |
| Date Spudded | Date Compl. Ready to Prod. | | | Total Depth | | | | P.B.T.D. | <u> </u> | 1: | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | | | |
| Perforations | | | | | | | | | Depth Casing Shoe | | | | |
| | 7 | TIRING | CAS | ING | AND | CEMENTI | NG R | ECORI | D | <u> </u> | | | |
| HOLE SIZE | TUBING, CASING AND CASING & TUBING SIZE | | | | DEPTH SET | | | | SACKS CEMENT | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOW | ABL | E | | | | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | |
| OIL WELL (Test must be after re Date First New Oil Run To Tank | covery of to | | of loa | d oil d | and must | be equal to or Producing Me | | | | | for full 24 hou | 3.) | |
| | | | | | Casing Pressure | | | | Choke Size | | | | |
| Length of Test | Tubing Pressure | | | | | | | Gas-MCF | | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | | Gas McI | | | | |
| GAS WELL | | | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | | Gravity of Condensate | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | | Choke Size | | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE 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. | | | OIL CONSERVATION DIVISION Date Approved | | | | | | | | | | |
| Aa Hoan | | | | | | By Cariotecta, (2.5) | | | | | | | |
| Signature J. A. Head Area Manager Title | | | | | <u>r</u> | -,- | | | | | | | |
| Printed Name August 23, 1991 Date | | 505/3 Tele | | 719 | 1 | litle. | | | | | | | |

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.