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

State of New Mexico 1 .gy, Minerals and Natural Resources Departme

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brezos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	,,,,	TO TRA	ANSF	POR	TOI	L AND NA	TURALG	AS				
Operator								Well	API No.			
Texaco Exploration and Production Inc.								30	025 2737	78		
Address P. O. Box 730 Hobbs, N	IM 88241-	0720										
Reason(s) for Filing (Check proper bo		-0730				X Ou	er (Please exp	lain)				
New Well	•	Change in Transporter of: Eff. 4-1-91 return oper to TPI, change to Sirgo										
Recompletion	Oil		Dry (•		ar	an error. TPI name changed to TEPI 6-1-91					
Change in Operator	Casinghe	ad Gas 🗌	Cond	ensate								
If change of operator give name and address of previous operator	go Operati	ng, Inc.	P. 0	O. Bo	x 35	31 Midla	nd, TX 79	9702				
•	LANDIE	ACE		-1-	-						•	
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Included the lease Name Well No. Pool Name Well No. Well No					ing Formation			Kind of Lease Lease				
MYERS LANGLIE MATTIX						TTIX 7 RVRS Q GRAYBURG			State, Federal or Fee			
Location												
Unit Letter H	1980	0	. Feet I	From T	ne NO	RTH Lin	e and660)· F	eet From The	EAST	Line	
Section 25 Town	hip 23S Range 3			36	E	, NMPM,			LEA		County	
III. DESIGNATION OF TRA	NSPORTE	'R OF O	II. AP	א מע	Α ΤΤ Τ	RAT. GAS						
Name of Authorized Transporter of Oil	e address to w	hich approved	copy of this	form is to be s	ent)							
Texas New Mexico Pipeline C									ver, Colorado 80202			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company						Address (Giv	e address to wi	hich approved	l copy of this form is to be sent) Paso, Texas 79978			
If well produces oil or liquids,	Unit						Is gas actually connected?		When?			
give location of tanks.	G			24S 37E		YES		i	01/31/			
If this production is commingled with the	at from any oth	er lease or p	pool, gi	ive cor	nmingl	ing order numi	жг:					
IV. COMPLETION DATA		Oil Well		Gas W	V-11	New Well	Workover	<u> </u>	1 20 20 1	10 0	him h	
Designate Type of Completic		_i	_i_	Gas w			Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas I	Pay		Tubing Depth			
Perforations							-		Depth Casing Shoe			
TUBING, CASING AND						<u> </u>						
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
												
												
						-			ļ			
V. TEST DATA AND REQUI												
OIL WELL (Test must be after	Date of Tes		f load	oil and						or full 24 hou	rs.)	
Date First New Oil Run To Tank		Producing Method (Flow, pump, gas lift, etc.)										
ngth of Test Tubing Pressure						Casing Pressure			Choke Size			
Actual Prod. During Test	al Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
CACTUELI			-		1				1			
AS WELL tual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF			Gravity of C	ondeneste		
1100 100 100 100 100 100 100 100 100 10	Langur ar .								Joseph Control	00000		
esting Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressu	e (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC		COM ADI	TAR	JCE		Γ			1			
	l	C	IL CON	SERVA	NOITA	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											4	
is true and complete to the best of my knowledge and belief.						Date Approved						
90 K/C)						Date Apploted						
Signature/						Ву			·			
J. A. Head Area Manager												
Printed Name Title 505/393_7191						Title_						

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

Date

- 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.

Telephone No.

- 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.