

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Producing Inc.
Address P. O. Box 728, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
☒ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain) _____
change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Myers Langlie Mattix Unit</u>	Well No. <u>255</u>	Pool Name, including Formation <u>Langlie Mattix Seven Rivers</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>I</u> : <u>2525</u> Feet From The <u>South</u> Line and <u>1310</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>24S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas NM Pipeline Co. (0055-2174)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2528, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, TX 79978</u>
Well produces oil or liquids, live location of tanks. Unit <u>G</u> Sec. <u>5</u> Twp. <u>24S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>03/24/86</u>

this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
District Admin. Supervisor
(Title)
4/22/86
(Date)

OIL CONSERVATION DIVISION
APPROVED APR 30 1986, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
		X		X					
Date Spudded 03/11/86	Date Compl. Ready to Prod. 03/24/86		Total Depth 3700'		P.B.T.D. 3698'				
Elevations (DF, RKB, RT, CR, etc.) 3319' GR	Name of Producing Formation Seven Rivers Queen		Top Oil/Gas Pay 3314'		Tubing Depth 3560'				
Perforations 3314, 34, 47, 73, 84, 3402, 42, 76, 80, 3507, 16, 21, 33, 39, 42, 55, 72, 82, 97 & 3612 (20 holes)						Depth Casing Shoe —			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		980'		800				
7 7/8"	5 1/2"		3700'		1150				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 03/30/86	Date of Test 03/30 86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test	Oil - Bbls. 36	Water - Bbls. 85	Gas - MCF 232

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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