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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Minerals and Natural Resources Department Enc

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 I.	REQUI	EST FOR	R ALLOWAB	LE AND A	AUTHORIZ	ZATION AS				
Perator Texaco Exploration and Production Inc.						Well API No. 30 025 11502				
ddress . O. Box 730 Hobbs, Ne	w Mexico	88240-	2528	WI or	(0)					
leason(s) for Filing (Check proper box) lew Well lecompletios Change in Operator	Oil Casinghead		ransporter of:	_	er (Please expla FECTIVE 6					
A second an antique page	aco Produc	cing Inc.	P. O. Box	c 730	Hobbs, Ne	w Mexico	88240-2	528		
I. DESCRIPTION OF WELL Lease Name SOUTH LANGLIE JAL UNIT	ng Formation Kind o State, I			of Lease Federal or Fee	Lease Lease No. 408175					
Location	. 2310		ect From The SO	UTH Lie	e and2310	) Fe	et From The	WEST	Line	
Unit Letter : 23.70 Feet From The 25 Section 8 Township 25S Range 37E				, NMPM,			LEA	LEA County		
II. DESIGNATION OF TRAI		OF OIL		RAL GAS	<del></del>	<del> </del>	- <b>2</b> 11- <b>2</b>			
Name of Authorized Transporter of Oil Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648 Houston, Texas 77252									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company				Address (Give address to which approved P. O. Box 1492 El			Paso, Texas 79978			
If well produces oil or liquids, pive location of tanks.	Unit				is gas actually connected? When			1949		
f this production is commingled with the V. COMPLETION DATA	from any other						Dive Bask	Same Res'v	Diff Res'v	
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen		Same Kes A	I RELV	
Date Spudded	Date Comp	L. Ready to P	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<del></del>			•	·		Depth Casin	g Shoe		
	TUBING, CASING AND CASING & TUBING SIZE			CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CAS	ING & TUE	SING SIZE		DEFTITOET					
									<del></del>	
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE							
OIL WELL (Test must be after	recovery of lo	ial volume of	load oil and must	be equal to o	r exceed top all lethod (Flow, p	owable for th ump, gas lift,	is depth or be j etc.)	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tel	<b>.</b>								
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL				150- A-11	ente A A J A E		Gently of 7	nodenesie		
Actual Prod. Test - MCF/D		Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	asure (Shut-i	n)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and reg Division have been complied with an	ulations of the d that the infor	Oil Conserva	ntion	<b>\$</b> }	OIL COI				N	
is true and complete to the best of m	_	od belief.		11	e Approve					
Signature  K. M. Miller  Div. Opers. Engr.				11	Catharan L					
Printed Name May 7, 1991		915-6	Title 88-4834	Title			<del>,</del>	* **		
Date		Telep	hone No.	11						

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.