Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departm.

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 III
1000 Rio Brazos Rd., Aziec, NM \$7410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTHA	NSPC	HI OIL	AND NA	TURAL G						
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 10976						
Address P. O. Box 730 Hobbs, NM	88241-0	730										
Reason(s) for Filing (Check proper box)					_	er (Please expl	•			·		
New Well		Change in !	-			f.4-1-91						
Recompletion	Oil Coolastand		Dry Gas Condens	_	aı	error. TP	i name ci	langed to	IEPI 0-1-	-91		
If change of operator give name	Casinghead Operating			 _	31 Midia	nd, TX 79	702					
II. DESCRIPTION OF WELL			<u> </u>			2.1 - 1 - 1 - 1 - 1 - 1						
Lease Name MYERS LANGLIE MATTIX UNI	,			•	ng Formation TIX 7 RVR	S Q GRAYBI	State.	of Lease Federal or Fed E	B9974	esse No. 1		
Location Unit LetterN	660		Feet From	m The SC	OUTH LIB	e and1980	<u> </u>	et From The	WEST	Line		
Section 2 Township	24	S	Range	37E	, N	мрм,		LEA		County		
III. DESIGNATION OF TRANS				NATU								
Name of Authorized Transporter of Oil Texas New Mexico Pipeline C	10	or Condens	ate [e address to wh 1670 Broad	• •			•		
Name of Authorized Transporter of Casing El Paso Natural			or Dry G	las	Address (Giv	e address to when P. O. Box						
If well produces oil or liquids, give location of tanks.	Unit S	Sec.	Twp. 248	Rge. 37E		y connected? YES	When		KNOWN			
If this production is commingled with that for IV. COMPLETION DATA	rom any other	r lease or p	ool, give	comming	ing order num	ber:						
Designate Type of Completion -	(X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl.	Ready to	Prod.		Total Depth		•	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing For	mation		Top Oil/Gas	Pay		Tubing Dept	h			
Perforations								Depth Casing	g Shoe			
					CEMENTI	NG RECOR	D	·				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			ZE		DEPTH SET		SACKS CEMENT				
							·····	 				
V. TEST DATA AND REQUES								. 4 . 4 1 . 4				
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Test	il volume oj	j ioaa ou	ana musi		ethod (Flow, pu			or juil 24 nour	3.)		
Length of Test	Tubing Press	ure	<u>. </u>		Casing Pressu	ire	· -	Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbla.			Gas- MCF					
GAS WELL				J								
Actual Prod. Test - MCF/D	Length of Te	est .			Bbls. Conden	sate/MMCF		Gravity of C	ondensate			
Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-i	n)		Casing Pressu	ire (Shut-in)		Choke Size				
VL OPERATOR CERTIFICA	TE OF	COMPI	IANO	CE		NI 001	10551	· · · · · · · · · · · · · · · · · · ·				
I hereby certify that the rules and regulat Division have been complied with and th	ions of the O	il Conserva	ıtio s			OIL CON	ISERVA	AHONL	OISIVIC	N		
is true and complete to the best of my kn					Date	Approve	d		. ?			
_ sa Hear			· · · · · · · · · · · · · · · · · · ·		D.,	• •		. Series a gara				
Signature J. A. Head		Area M		er	^{Dy}			The section of the se		 		
Printed Name August 23, 1991		505/39	Title 93—71:	91	Title.							
Data	H											

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.

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State of New Mexico E. . . . y, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

1000 Ido Bishoo stary I marely a till a trial	REQUEST FOR ALLC							
<u>[</u>	TO TRANSPOR	I OIL	AND NA	URALGA	Nell A	PI No.		
Operator Operator	30-02							
Sirgo Oper	ating, Inc.					0-023-		
	531, Midland, Texa	as	79702					
Reason(s) for Filing (Check proper box				r (Please expla	in)			
New Well	Change in Transporter	of:	Efi	fective	4-1-9	/ Cha	nge fro	om Texado
Recompletion	Oil Dry Gas	Ц						erating,
Change in Operator X	Casinghead Gas Condensate							
f change of operator give name and address of previous operator	Texaco Producing,	Inc	., P.O	Box 7	28, Ho	bbs, N	M 8824	40
II. DESCRIPTION OF WEL							 	 _
Lease Name		(Cinta)			of Lease Federal or Fe		ROO74	
<u> Myers Langlie Ma</u>	ttix 190 Lang	<u>lle</u>	<u>Mattix</u>	SR QN			107	7 / 7
Location A	/a/-1		く	. 190	30 FA		1/	,,_,
Unit Letter	: \(\lolo \lolo \) Feet From ?	The	Lin	and	<u>) </u>	et From The	V <u>V</u>	Line
Section Town	nship 245 Range	37/	F. N	ирм,	Lea			County
OT DECICALATION OF TD	ANSPORTER OF OIL AND N	VATTII	RAL GAS					
Name of Authorized Transporter of Oil	or Condensate	<u> </u>	Address (Give	e address to wh	ich approved	copy of this j	orm is to be s	ent)
Texas New Mexico		نہ		Box 252				
Name of Authorized Transporter of Ca	usinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural	Gas Co			Box 149			TX 799	78
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge.	1	y connected?	When	7		
·		37E	<u> Yes</u>					
f this production is commingled with the IV. COMPLETION DATA	hat from any other lease or pool, give co	mmingu	ing order num					
IV. COMPLETION DATA	Oil Well Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		***	1	110120701	Doopte			i l
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.	. A	
•								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas	Pay		Tubing Der	oth	
Perforations			<u>L</u>			Depth Casi	ng Shoe	
renorations							-6	
	TUBING, CASING	AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE	CASING & TUBING SIZE					SACKS CEN	ENT
						<u> </u>		
		 						
			<u> </u>					
magn p. m. AND DEOL	IEST FOR ALLOWARIE		<u> </u>					
V. TEST DATA AND REQU OIL WELL (Test must be aft	ter recovery of total volume of load oil a	and must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 ho	ars.)
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, pu	mp, gas lift, e	etc.)		
Date I ii a I ii i								
Length of Test	Tubing Pressure		Casing Press	ıre		Choke Size	i	
			Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Mater - Bois			0.00		i
CAS WELL			<u>. I., </u>					
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	sate/MMCF		Gravity of	Condensate	
A Secretary of Secretary and Associated Secretary Secret								
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size			
					· · · · · · · · · · · · · · · · · · ·	<u> </u>		
VI. OPERATOR CERTIF	FICATE OF COMPLIANC	E			ICEDV	ATION	DIVICIO	ΩNI
I hereby certify that the rules and re	egulations of the Oil Conservation			OIL CON	40 ELV	A HUN	2 6	אוכ
Division have been complied with	and that the information given above		A	PR 1 1 1	991			
is true and complete to the best of	my knowledge and belief.		Date	Approve	80 <u>1</u>			
Q /	Hundra				Orig. Si	gned		
_ mus (Mull		∥ By_		Paul	Kautz ogist	·····	
Signature Bonnie Atwate	r Production Tec	ch.			" PLOO!	.√R το α		
Printed Name	Title		Title					
4-8-91	915/685-0878							
Date	Telephone No.		11					

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