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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Beams Rd., Aziec, NM 87410

DISTRICT II P.O. Downer DD, Astocia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| Operator | ····· | | | AITOI | OI II O | L MID IN | HOINE | | | | | | | |
|--|---|----------------------------|---------------------------------------|-----------------|---------------------------|--|--------------------------------------|---------------------------------------|-----------------------|---------------------------------------|---------------|--|--|--|
| Texaco Explorati | Well API No. 30 025 10978 | | | | | | | | | | | | | |
| Address | | | | | * | 30 025 109/8 | | | | | | | | |
| | lobbs, NM | 88241 | -0730 | | | | | | | | | | | |
| Reason(s) for Filing (Chec | k proper box) | | | | | X Other (Please explain) | | | | | | | | |
| New Well | ╡ | | Change i | | | EFFECTIVE 10-01-91 | | | | | | | | |
| Recompletion | 튁 | Oil | | Dry G | | | | | | | | | | |
| Change in Operator | | Caningho | and Gas X | Conde | ante _ | | | | | | | | | |
| If change of operator give a and address of previous op- | | | | | | | | · | | | | | | |
| IL DESCRIPTION | OF WELL | AND LE | EASE | | | | | | | | • | | | |
| 1 | Lesse Name Well No. Pool Name, In MYERS LANGLIE MATTIX UNIT 121 LANGLIE M | | | | | | | Ch. | a Radami on Cas | | esse No. | | | |
| Location | S Q GRAYE | URG STA | | B997 | 4 | | | | | | | | | |
| Link Letter | D | . 66 | 0 | D. 4 D. | om The N | ORTH | 66 | 0 | | WEST | | | | |
| | | | | _ POST PR | om The | | e and bes se | F | eet From The | ME21 | Line | | | |
| Section 2 | Townshi | p 2 | 248 | Range | 37E | , N | MPM, | | LEA County | | | | | |
| III. DESIGNATION | OF TRAN | SPORTI | ER OF O | IL ANI | D NATU | RAL GAS | | | | | | | | |
| Name of Authorized Trans Texas New Mexico | porter of Oil | (C) | or Conder | | | Address (Give address to which approved copy of this form is to be zent) | | | | | | | | |
| | | | | | | 1670 Broadway Denver, Colorado 80202 | | | | | | | | |
| Name of Authorized Trans Texaco | porter of Casia; Exploration | ghead Gas) & Prodi | UCTION IN | or Dry (| Gas | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231 | | | | | | | | |
| If well produces oil or liqui | | Unit | Sec. | Twp. | Rge. | | | | | lexico 882 | 231 | | | |
| give location of tanks. | , | G 5 | | 245 | 1 37E | is gas actually connected? YES | | When | - | /22/60 | | | | |
| If this production is commis | gled with that i | from any oti | her lease or | pool, give | comming | ing order numi | ber: | | | /22/00 | | | | |
| IV. COMPLETION | DATA | | | | | | | | | | | | | |
| Designate Type of (| Completion . | - (20) | Oil Well | G | as Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | | |
| Date Spudded | | | ol. Ready to | Prod | | Total Depth | | <u> </u> | <u> </u> | l | | | | |
| | | Date Compi. Ready to Prod. | | | | | | | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, C | R, etc.) | Name of P | roducing Fo | rmation | | Top Oil/Gas Pay | | | Tubing Depth | | | | | |
| Perforations | | | | | | | | | | | | | | |
| Landsander | | | | | | | | | Depth Casing Shoe | | | | | |
| | | ~ | TIPDIC | CACIN | C 4370 | OE) (E) May | IO PROOF | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | | |
| HOLE SIZE | | | | | | CEMENTING RECORD | | | | | | | | |
| | | CASING & TUBING SIZE | | | | | DEPTH SET | | SACKS CEMENT | | | | | |
| | | | | | | | ···································· | | | | | | | |
| | | | | | | | | | | | | | | |
| Prom nama and | DECLIC | 7 70 N | | | | | | | | | | | | |
| V. TEST DATA AND DIL WELL Gest 10 | | | | | | | | | | | | | | |
| Date First New Oil Run To | ust be after red | Date of Tes | | j ioas ou | and must | Producing Met | triceed top allo | wable for this | depth or be fo | or full 24 hour. | r.) | | | |
| | | DEC 01 163 | • | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | |
| ength of Test | agth of Test | | | Tubing Pressure | | | | · · · · · · · · · · · · · · · · · · · | Choke Size | | | | | |
| Control Design | | | | | | | · | | | | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbis. | | | Gas- MCF | | | | | | |
| GAS WELL | <u>.</u> | | | | | | | | | | | | | |
| ctual Prod. Test - MCF/D | | l ength of T | · · · · · · · · · · · · · · · · · · · | | | Bbls. Condens | A D 100 | | <u> </u> | | | | | |
| tual Prod. Test - MCF/D Length of Test | | | | | 1 | DOM. CONCERN | MENNINCE | | Gravity of Condensate | | | | | |
| esting Method (pitot, back p | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | | | | |
| **** | | | | | | | | | | | | | | |
| IL OPERATOR CI | RTIFICA | TE OF | COMPL | JANC | E | | | | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | | | | OIL CONSERVATION DIVISION | | | | | | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | APR 29'92 | | | | | | | | | |
| | | ugo au | . vara. | | | Date / | Approved | <u> </u> | | V UZ. | | | | |
| JULY (lal | wer_ | | | | | والمنافئة المنافئة ا | iminerai | CIALIT | n | | | | | |
| Signature | | | | | | By ORIGINAL SIGNED BY RAY SMITH | | | | | | | | |
| L.W. JOHNSON Engr. Asst. Printed Name Title | | | | | | 1 | | | | | | | | |
| April 16, 199 | 2 | | 505/39 | | 1 | Title_ | | | · | | | | | |
| Date | | | | one No. | — | | | | | | - | | | |

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.

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

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

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I. Operator | · | TO TRA | ANSP | ORT O | L AND N | ATURAL G | AS | | | | | | |
|--|--|--|-------------------|----------------------|--|---------------------|-------------|------------------|-------------|--------------|---------------|---------------|--|
| Texaco Exploration and Pr | Well API No. | | | | | | | | | | | | |
| Address | | ··· | | | 30 025 1 | 0978 | | | | | | | |
| P. 0. Box 730 Hobbs, NM | 88241- | 0730 | | | | | | | | | | | |
| Reason(s) for Filing (Check proper box) New Well | | | _ | _ | | her (Please exp | | | | | | ········· | |
| Recompletion | Oil | Change in | | | Eff.4-1-91 return oper to TPI, change to Sirgo an error. TPI name changed to TEPI 6-1-91 | | | | | | | | |
| Change in Operator | Casinghea | d Gas □ | Dry Gar Conden | | а | n error. IF | 'i name | changed | I to T | EPI 6-1 | I - 91 | | |
| If change of operator give name and address of previous operator | o Operatir | | | | 31 Midle | and, TX 79 | 9702 | | | | | | |
| II. DESCRIPTION OF WELL | | | | , | | | | | | | • | | |
| Lease Name | | ing Formation | nd of Lease | d of Lease Lease No. | | | | | | | | | |
| MYERS LANGLIE MATTIX UI | LANGLIE MATTIX 7 RVRS Q GRAYBURG | | | | | nte, Federal o | r Fee | B997 | 4 | | | | |
| Unit LetterD | . 660 | | . Feet Fro | m The NO | ORTH Lit | ne and660 |). | . Feet From | The W | EST | | _Line | |
| Section 2 Townsh | ip 24 | IS | Range | 37E | , N | мрм, | | LEA | | | Cou | inty | |
| III. DESIGNATION OF TRAN | ISPORTE | | | NATU | RAL GAS | | | | | | | | |
| Name of Authorized Transporter of Oil Texas New Mexico Pipeline | | or Conden | sale [| | Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202 | | | | | | | | |
| Name of Authorized Transporter of Casin El Paso Natural | ghead Gas Gas Com | pany | or Dry C | ias | Address (Give address to which approved copy of this form is to be a P. O. Box 1492 El Paso, Texas 7997 | | | | | | ent) | | |
| If well produces oil or liquids, give location of tanks. | | | Twp. Rge. | | | | | When? | | | | : | |
| If this production is commingled with that | fmm any other | 5 | 245 | 37E | | YES | | | 12/2 | 2/60 | | | |
| IV. COMPLETION DATA | | r rease or p | ooi, give | comming | ing order num | oer: | | | | | | | |
| Designate Type of Completion | - (X) | Oil Well | Ga | s Well | New Well | Workover | Deepen | Plug Ba | ick Sar | ne Res'v | Diff R | es'v | |
| Date Spudded | Date Compl. Ready to | | Prod. | | Total Depth | | L | P.B.T.D | <u></u> | | 1 | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Pro | Name of Producing Formation | | | | Top Oil/Gas Pay | | | | Tubing Depth | | | |
| Perforations | | | | Depth Casing Shoe | | | | | | | | | |
| | | | | | | | | Depui C | asing Sn | 106 | | | |
| IIO CORF | TUBING, CASING AND | | | | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | | SAC | KS CEME | NT | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| . TEST DATA AND REQUES | TEODAL | LOWA | ni n | | | | | | | | | | |
| | | | | and must b | e equal to or | exceed ion allow | abla for t | lika alamek an : | 1 . 2 . 2 | | | | |
| Date First New Oil Run To Tank | | st be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | | | | |
| and of Tex | | | | | | | | | | | | | |
| ength of Test | Tubing Pressure | | | | Casing Pressur | Choke Si | Choke Size | | | | | | |
| nual Prod. During Test Oil - Bbls. | | | | Water - Bbis. | | | | Gas- MCF | | | | | |
| GAS WELL | | | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Tes | it | | [1 | Bbls. Condens | te/MMCF | | Gravity o | Conde | Bsale | | | |
| sting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | | | | | | |
| many many (pany) acts proj | | | | | | | | Choke Si | Choke Size | | | | |
| L OPERATOR CERTIFICA | TE OF C | OMPL | IANC | E | | | | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | O | IL CONS | SERV | ATION | I DIV | /ISIOI | N | | |
| is true and complete to the best of my kn | ax the information owledge and the control of the c | uon given : selief. | above | - 11 | _ | | | PW6W3 | Re-: | | | | |
| | 7 | | | | Date / | Approved | | | | | | | |
| Ja Hear | | Ru e | iolでいます Ca | (৪) ভারত ক্রম ক্রম | to ggeresante s | eng ger anam | | | | | | | |
| Signature J. A. Head | . | By GRIGHT REPRED BY JETTY CONTON | | | | | | | | | | | |
| Printed Name August 23, 1991 | | Area Ma Ti 505/39: | ille | 11 | Title_ | • | | | | | | | |
| Date | | Telepho | | ' | | | | | | | | | |

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