DISTRICT II

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r : 0-104 Revi⊾ed 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

Service Control

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

P.O. Box 1980, Hobbs, NM 88240

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.											
Operator OXY USA INC.				Well API No. 30 025 10980							
Address P.O. BOX 50250, M	MIDLAND, TX 797	710									
New Well	Change in Tran	nsporter of:					ther (Please ex	φlain)	+		
Recompletion	Oil			Dry Gas							
Change in Operator	Casingheed G	22		Condensate							
If change of operator give name and address of previous operator	ess TEXACO EX	(PLORATION OF THE PROPERTY OF	ON & PI	RODUCTIO	ON INC, P.O	. BOX 730, H	OBBS. NM 8	8240			
# DECORIDE OF ME!						<u> </u>					
II. DESCRIPTION OF WELL AN Lease Name	ID LEASE	Well No.	Pool t	viame includ	ling Formation		Kind	of Loase State, Fede	eral or Fee Lease	No.	
MYERS LANGLIE MATTIX UNI	т	154			K 7 RVRS Q G		ST	ATE		B9974	
Location											
Unit Letter	_E :19	966 F	eet From	m TheN	ORTH Line	e and <u>662</u>	Feet	From The _V	<u>VEST</u> L	_ine	
Section 2	То	ownship	248		Range	37E	_NMPM		LEA_CC	YTAUC	
III. DESIGNATION OF TRANSP	ORTER OF OIL	AND NATU	JRAL G	AS							
Name of Authorized Transporter of	Oil		Conde	ensate 🔲	Address (Give	address to wh	nich approved	copy of this for	m is to be sent)		
INJECTOR		-10 [1								
Name of Authorized Transporter of INJECTOR	Casinghe	ad Gas [_) Dr	y Gas. L	Address (Give	e address to wi	nich approved	copy of this for	m is to be sent)	•	
If Well Produces oil or liquids,	Unit	Sec.	Twp.	Rge.	1 -	ilty connected	? Whe	1?			
give locaton of tanks If this production is commingled with	h that from any other	r lease or D	noi aive	commination	Inc						
IV. COMPLETION DATA	ii diaciioni any oule	n icase ui pi	JOI, SIVE	COLUMN NICH	y order manabe	' -				····	
		Oil We	di I	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complet	ion - (X)	1				,					
Date Spudded	Date Compl	I. Ready to F	Prod.		Total Depth			P.B.T.D			
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas	Pay		Tubing Depth						
Perforations					1			Depth Casing	Shoe		
		TUDING	CASI	NG AND	CEMENTIN	IG RECOR		<u> </u>			
HOLE SIZE	CA	SING and T	<u> </u>		CEMENTIN	DEPTH SET	<u></u>		SACKS CEMEN		
		· ·			<u> </u>						
V. TEST DATA AND REQUES	T FOR ALLOWAL	RIF						<u> </u>			
	after recovery of		e of load	oil and mu	ust be equal to	o or exceed to	p allowable f	or this depth o	or be a full 24 h	nours.)	
Date First New Oil Run To Tank	Date of Tes					ethod (Flow, pu	·	<u>.</u>			
Length of Test	Tubing Pres	Tubing Pressure				sure		Choke Size			
Actual Prod. During Test	Oil - Sbls.			······	Water - Bbls.			Gas - MCF			
GAS WELL								1			
Actual Prod. Test - MCF/D	Length of Te	est .	-		Bbis, Conder	nsate/MMCF		Gravity of Co	mdensate		
Longitt Of 1 Ook					DUIS. CORROLISATORY						
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-i	n)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE											
I hereby certify that the rules and regulate District hove have complied with and the						3 OH O	ノバシにおり	(ATION I	NOISIVIO	l	
is true and complete to the treat of my k	Powled Charles				1						
	Udu							gener year ,	2001		
Signature					Date	Approved_		FEL	1994		
P. N. McGee	Lan	nd Managei	•		Ву		DEIGINA	L SIGNED	BY JERRY S	EXTON	
Printed Name	Title	_					<u> </u>	ISTRICT I S	UPERVISOR		
1/6/94		5-5600 			Title_						
Date Telephone No.					Mighalamapa , T. c.						

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 IV for changes in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
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, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		IO INA	MOPORT	JIL AND N	IA I UHAL G								
Operator Texaco Exploration and Pro	duction	nc.			-	1	API No. 025 10980)					
Address P. O. Box 730 Hobbs, NM	88241-	0730						- · · · - · · · · · · · · · · · · · · ·					
Reason(s) for Filing (Check proper box)				X	Other (Please expl	lain)		····	······································				
New Well		Chance in	Transporter of:		Eff.4-1-91		er to TPI	change t	o Sirao				
Recompletion	Oil		Dry Gas	٦	an error. TP	l name ci	anged to	TEDI 6-1	_91				
Change in Operator	Casinghea	40m 🗀	Condensate	า			.ugou to		· .				
If change of operator give name			P. O. Box	2521 Mi	lload TV 70	700	· <u> </u>		 				
			P. U. BOX	3531 MIC	lland, TX 79	3702							
II. DESCRIPTION OF WELL	AND LEA				***	77:- 4							
MYERS LANGLIE MATTIX UN	ІТ	Well No. 154	Pool Name, Inc. LANGLIE M.	•	or Krs Q Graybi	State	of Lease Federal or Fee [E	B997	4				
Location													
Unit LetterE	. 1966	<u> </u>	Feet From The	NORTH	Line and662	<u>. </u>	set From The $\frac{V}{V}$	VEST	Line				
Section 2 Township	24	15	Range 37E		NMPM,		LEA		County				
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND NAT										
Name of Authorized Transporter of Oil INJECTOR		or Conden	tate	Address (Give address to wi	hich approved	l copy of this for	rm is to be s	tni)				
Name of Authorized Transporter of Casing INJEC			or Dry Gas	Address (Give address to w	hick approved	copy of this for	m is to be s	ini)				
If well produces oil or liquids, give location of tanks.	well produces oil or liquids, Unit Sec. Twp. Rge. Is ga						Is gas actually connected? When?						
If this production is commingled with that i	from any oth	er lease or p	ool, give commi	ingling order m	ımber:								
IV. COMPLETION DATA													
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Wo	ell Workover	Deepen	Plug Back	Same Res'v	Diff Res'v				
Date Spudded	udded Date Compl. Ready to Prod.						P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	rmation	Top Oil/G	as Pay		Tubing Depth						
Perforations	I		·				Depth Casing	Shoe	-				
	T	URING.	CASING AN	D CEMEN	TING RECOR	D	·						
HOLE SIZE	T		BING SIZE	- 	DEPTH SET		9/	ACKS CEM	ENT				
TIOCE OILE	- One	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DITTO OILL		DEI III GET	····	 	TONO OLIV					
							<u> </u>						
													
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE										
OIL WELL (Test must be after re				ust be equal to	or exceed top allo	wable for thi	denth or he fo	r full 24 hou	ze)				
Date First New Oil Run To Tank	Date of Tes		y toda on una m		Method (Flow, pu			7 10 10 10 10 10 10 10 10 10 10 10 10 10	-3.7				
Length of Test	Tubing Pres	sure		Casing Pre	ESTIC	· · · · · · ·	Choke Size	· · · · · · · · · · · · · · · · · · ·					
Actual Prod. During Test	Oil - Bbls.		.,	Water - Bt	ols.	 	Gas- MCF						
GAS WELL	<u></u>						1						
Actual Prod. Test - MCF/D	Length of T	est	 	Bbls. Cond	lensate/MMCF		Gravity of Co	ndensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFICA	ATE OF	COMPI	JANCE										
	-				OIL CON	ISERV		IVISIC	N				
I hereby certify that the rules and regular Division have been complied with and the													
is true and complete to the best of my ki				-	Date Approved AUG 2 7 1991								
Ja Hoa	7	- + +		Da	te Approved	a	~ -	ra € €w}	ان				
Signature		Aros l	lanager	Ву			- și lu Make și e	· (5**					
J. A. Head Printed Name August 23, 1991			Title 93-7191	Titl	е	·	· · · · · · · · · · · · · · · · · · ·						
Date			hone 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
Appropriate District Office
DISTRICT I
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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		TO TRA	<u>NSPC</u>	ORT OIL	AND NAT	TURAL GA	NS WALLA	DI No				
rator							Well API No. 30-025-					
Sirgo Operating,	Inc.							023				
Address P.O. Box 3531, N	Midland.	Texas	79	9702								
Reason(s) for Filing (Check proper box)	izuzunu,					t (Please expla		_				
lew Well		Change in		1 1					om Texac	o Produc		
ecompletion	Oil		Dry Gai		to Si	irgo Open	rating,I	inc.				
Change in Operator KX	Casinghea		Conden					00010				
change of operator give name id address of previous operator	Texaco	Produc	ing,	Inc. I	2.0. Box	728, Hol	obs, NM	88240				
. DESCRIPTION OF WELL	ANDIE	ASE										
Lease Name	AIND DE	Well No.	Pool Na	ame, Includi	ng Formation		Kind	Lease		ase No.		
Myers Langlie Mattix Unit 154 Langlie Mattix SR												
ocation Unit Letter	. 19	66	Feet Fr	om The	<u> </u>	and	62 Fe	et From The .	W	Line		
Section 7 Townsh	ip 34	ら	Range	37	E N	MPM,	Lea			County		
II. DESIGNATION OF TRAI		ER OF O	L AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conden	sale		Address (GIV	e address to wi						
Injection Name of Authorized Transporter of Casi	nghead Gas		or Dry	Gas	Address (Giv	e address to w	rich approved	copy of this f	orm is to be se	nt)		
If well produces oil or liquids, jive location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actuall	y connected?	When	?				
f this production is commingled with tha	t from any ot	her lease or	pool, giv	ve comming	ling order num	ber:						
V. COMPLETION DATA						, 		1	la Durk	Diff Res'v		
D Town of Completion	. ~	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Kesv		
Designate Type of Completion		ipl. Ready to	Prod		Total Depth	1	<u> </u>	P.B.T.D.	<u> </u>			
Date Spudded	Date Con	ipi. Keany a	, , , , , , ,									
Elevations (DF, RKB, RT, GR, etc.)	Name of 1	Producing Fo	ormation	<u> </u>	Top Oil/Gas	Pay		Tubing Dep	th			
evaluous (D1, 100, 111, ON, Clay)					<u> </u>			Depth Casing Shoe				
Perforations								Depth Casi	ng Shoe			
					CE) CE) WH	NC BECOE	<u> </u>	<u> </u>				
	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE	- C/	ASING & II	JBING	SIZE		DEF TH OET						
	- 											
								<u> </u>				
V. TEST DATA AND REQUI	EST FOR	ALLOW	ABLE				anakla fan th	ia dansh o a ha	for full 24 hou	er)		
OIL WELL (Test must be after	recovery of	total volume	of load	oil and mus	t be equal to of	ethod (Flow, p	owabie jor in ump eas lift.	etc.)	jor juli 24 no.			
Date First New Oil Run To Tank	Date of T	`est			Producing to	culou (1·10#1 p	m,4, 9m .3.1					
T. C. T. C.	Tubing P	7960178			Casing Press	ure		Choke Size				
Length of Test	Tuotag F	(C8501C						Con MCE				
Actual Prod. During Test	Oil - Bbl	s.			Water - Bbls			Gas- MCF				
					<u> </u>							
GAS WELL								<u>.</u>				
Actual Prod. Test - MCF/D	Length o	Test			Bbls, Conde	nsate/MMCF		Gravity of	Condensate			
					Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tubing P	ressure (Shu	ıt-ın)		Casing Press	mic (mim-iii)		C.O.C. 5126	-	,		
			DI T 1 3	NOT								
VI. OPERATOR CERTIFI	CATE O	F COM	PLIAI	NCE	-	OIL COI	NSERV	YATION	DIVISIO	NC		
I hereby certify that the rules and reg Division have been complied with an	gulations of the	ne Oil Conse formation give	rvauon ven abov	/e			1991					
is true and complete to the best of m	y knowledge	and belief.			\\ \D\\	F Approve	ed .					
					Dail	··hhiove	- Ciano	111				
Bonnin (Iti	vate	л			By_	Ori	g. Signe aul Kaut					
Signature	n		n ma	ch	by-		Geologist	;				
Bonnie Atwater	Pre	oductio	n le Tide	CII.	T:11							
Printed Name 4 8-91	۵1	5/685 - 0			Title	<i></i>						
Date	7.1.	Te	lephone	No.	1							

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