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State of New Mexico
Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.		Well API No. 30 025 10999
Address P. O. Box 730 Hobbs, NM 88241-0730		
Reason for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Eff. 4-1-91 return oper to TPI, change to Sirgo an error. TPI name changed to TEPI 6-1-91		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If operator give name of previous operator Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702		

Description of Well and Lease Lange Langle Mattix Unit		Well No. 181	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM7488
Unit Letter M : 330 Feet From The SOUTH Line and 330 Feet From The WEST Line					
Section 4 Township 24S Range 37E, NMPM, LEA County					

Designation of Transporter of Oil and Natural Gas		Address (Give address to which approved copy of this form is to be sent)				
Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	INJECTOR					
Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	INJECTOR					
Produces oil or liquids, in tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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

Completion Data		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Indicate Type of Completion - (X)									
Date	Completed	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Electrical (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

Flow 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	New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Location	Test	Tubing Pressure	Casing Pressure	Choke Size
Actual	Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

Operator 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 above is true and complete to the best of my knowledge and belief.	
Signature J. A. Head	Area Manager
Name August 23, 1991	Title 505/393-7191
Telephone No.	

OIL CONSERVATION DIVISION

AUG 27 1991

Date Approved _____

By _____

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Separate Form C-104 must be filed for each pool in multiply completed wells.