

Subsidiary Office  
Hobbs, NM 88240

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

DISPATCH  
P.O. Box 2088, Artesia, NM 88210

DISPATCH  
1000 S. Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>Texaco Exploration and Production Inc.</b>		Well API No. <b>30 025 11006</b>
Address <b>Box 730 Hobbs, NM 88241-0730</b>		
Transporter (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 give name of previous operator <b>Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702</b>		

**SECTION II - LOCATION OF WELL AND LEASE**

Lease No. <b>Myers L</b>	Well No. <b>177</b>	Pool Name, Including Formation <b>LANGLIE MATTIX 7 RVRS Q GRAYBURG</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>NM7488</b>
Section <b>5</b> Township <b>24S</b> Range <b>37E</b> , NMPM, LEA County				
Feet From The <b>SOUTH</b> Line and <b>990</b> Feet From The <b>WEST</b> Line				

**SECTION III - TRANSPORTER OF OIL AND NATURAL GAS**

Transporter of Oil INJECTOR	or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Transporter of Casinghead Gas INJECTOR	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
For liquids, Unit	Sec.	Tw. Rge.	Is gas actually connected?	When ?

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

**SECTION IV - COMPLETION DATA**

Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
(O, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
					Depth Casing Shoe			

**TUBING, CASING AND CEMENTING RECORD**

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

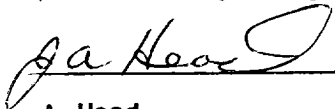
**SECTION V - TEST AND REQUEST FOR ALLOWABLE**

(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.)

Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size
Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
(back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**SECTION VI - CERTIFICATE OF COMPLIANCE**

that the rules and regulations of the Oil Conservation  
have been complied with and that the information given above  
is true and complete to the best of my knowledge and belief.

  
J. A. Head  
Area Manager  
Date: **23, 1991**  
Telephone No. **505/393-7191**

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104  
For allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance  
with Rule 111.  
Sections of this form must be filled out for allowable on new and recompleted wells.  
Only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.  
Form C-104 must be filed for each pool in multiply completed wells.

**ILLEGIBLE**

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

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

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

State of New Mexico  
1 geology, 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  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Sirgo Operating, Inc.</b>	Well API No. <b>30-025--</b>
Address <b>P.O. Box 3531, Midland, Texas 79702</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Effective <b>4-1-91</b> Change from Texaco Producing Change in Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> to Sirgo Operating, Inc. Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Texaco Producing, Inc. P.O. Box 728, Hobbs, NM 88240</b>	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Myers Langlie Mattix Unit</b>	Well No. <b>177</b>	Pool Name, Including Formation <b>Langlie Mattix SR QN</b>	Kind of Lease State, Federal or Fee	Lease No. <b>NM 7488</b>
Location Unit Letter <b>M</b> : <b>660</b> Feet From The <b>S</b> Line and <b>990</b> Feet From The <b>W</b> Line Section <b>5</b> Township <b>24S</b> Range <b>37E</b> , NMPM, Lea County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Injection</b>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twsp.	Rge.
Is gas actually connected?		When ?

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

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas 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 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			

### V. TEST DATA AND REQUEST FOR ALLOWABLE

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

### GAS WELL

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

### VI. 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.

Bonnie Atwater  
Signature  
Bonnie Atwater Production Tech.  
Printed Name  
**4-8-91** 915/685-0878  
Date Telephone No.

### OIL CONSERVATION DIVISION

**APR 11 1991**  
Date Approved **APR 15 1991**  
By **Paul Kautz**  
Orig. Signed by  
Geologist  
Title

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.