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

State of New Mexico ____crgy, 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 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRAN	<u>ISPC</u>	RT OIL	AND NA	TURAL G						
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 11007						
Address P. O. Box 730 Hobbs, NM	88241-0	730							- -			
Reason(s) for Filing (Check proper box)	00241-0	700			X Oth	et (Please expl	ain)	· 				
New Well												
ecompletion Oil Dry Gas in error. TPI name changed to TEPI 6-1-91												
Change in Operator	Casinghead	Gas 🔲 🤇	Condens	ale 🗌								
If change of operator give name and address of previous operator Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702												
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name Well No. Pool Name, Include MYERS LANGLIE MATTIX UNIT 178 LANGLIE MAT								f Lesse Federal or Fee NM7488 RAL				
Location												
Omt Letter	_ :							eet From The WEST Line				
Section 5 Townshi	<u> </u>		Range			MPM,		LEA		County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate												
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent)							
					P. O. Box 1492 El Paso, Texas 79978 Is gas actually connected? When ?							
give location of tanks.	G		245	Rge. 37E		YES			KNOWN			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or po	ol, give	commingl	ing order numb	ber:						
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Ready to Prod.			Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe							
	יד	IRING C	'A SIN	G AND	CEMENTI	NG RECOR	D	ļ				
			IG & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								 				
V. TEST DATA AND REQUES	T FOD A	LOWAT	2110	l	L							
				and must	be equal to or	exceed top allo	wable for thi	s depth or be f	or full 24 hour.	r.)		
L WELL (Test must be after recovery of total volume of load oil and must the First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Pressu	ire		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL	<u> </u>				<u> </u>			<u> </u>				
Actual Prod. Test - MCF/D	Length of Te	et			Bbls. Conden	sate/MMCF		Gravity of C	ondensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC				CE		OIL CON	ISERV	ATION I	OIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved							
Aa Hear												
Signature J. A. Head Area Manager					By							
Printed Name Title August 23, 1991 505/393-7191					Title							
D			one No		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.

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- 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.