

Submittal Office
District Office
P.O. Box 730, Hobbs, NM 88240

State of New Mexico
Energy, 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

DISTRICT II
P.O. Box 2088, Artesia, NM 88210

DISTRICT III
10000 Pecos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Tension Exploration and Production Inc.		Well API No. 30 025 11014
Address P. O. Box 730 Hobbs, NM 88241-0730		
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 and previous operator Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702		

DESCRIPTION OF WELL AND LEASE

Well No. 180	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FEE	Lease No.
Unit Letter P : 330 Feet From The SOUTH Line and 330 Feet From The EAST Line			
Section 5 Township 24S Range 37E, NMPM, LEA County			

IGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil Texas-New Mexico Pipeline Co	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202
Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	or Dry Gas <input type="checkbox"/>	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? YES	When? UNKNOWN	

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

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.				
F, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)

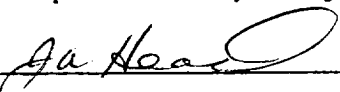
Flow Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size	
Oil - Bbls.	Water - Bbls.	Gas - MCF	

LL

Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

OPERATOR CERTIFICATE OF COMPLIANCE

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


J. A. Head Area Manager
August 23, 1991 Title
505/393-7191
Telephone No.

OIL CONSERVATION DIVISION

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.

File 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.

ILLEGIBLE