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

1.		IOINA	4NOL	ON LOI	L AND NA	I UMAL G					
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 11020			
Address							30	0 025 11020			
P. O. Box 730 Hobbs, NM	88241-0	730									
Reason(s) for Filing (Check proper box)		<u> </u>	· ••			er (Please expl	-			-	
New Well Recompletion										o Sirgo -91	
Change in Operator	Casinghead	Gas 🔲	Conde						• 1		
If change of operator give name and address of previous operator	o Operatin	g, Inc.	P. 0	. Box 35	31 Midla	nd, TX 79	702				
II. DESCRIPTION OF WELL	AND LEA	SE			·					•	
Lease Name Well No. Pool Name, Inclu MYERS LANGLIE MATTIX UNIT 139 LANGLIE MATTIX UNIT					_	S Q GRAYBI	Crete	of Lease Federal or Fee Lease No.			
Unit LetterF	_ :1980	: 1980 Feet From The No.				ORTH Line and 1980 Fo			est From The WEST Line		
Section 26 Township 245 Range 37E					, NMPM,			LEA County			
III. DESIGNATION OF TRAI			IL AN								
Name of Authorized Transporter of Oil Texas New Mexico Pipeline		or Conden	site		1	<i>e address to wi</i> 1670 Broad				•	
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					nt)	
If well produces oil or liquids, give location of tanks.	Unit	Sec. 5	Twp. 1 245	Rge.	Is gas actual	y connected? YES	When		KNOWN		
If this production is commingled with that					ing order num		<u> </u>	OIV.	IKNOVVI		
IV. COMPLETION DATA		Oil Well	7	Gas Well	New Well	Workover	Deepen	Dhua Baak	Same Res'v	Diff Res'v	
Designate Type of Completion		İ	_ i	Jas Well	i	Workover	Deepen	Plug Back	Same Ker A	Dill Kelv	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe		
					CEMENTING RECORD						
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
						 	·····				
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		<u></u>			J			
OIL WELL (Test must be after t				oil and must					or full 24 how	3.)	
nte 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.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	<u>. I </u>					·····					
Actual Prod. Test - MCF/D	CF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE		NI 001	10ED\	ATION			
I hereby certify that the rules and regul					(DIL CON	IOEKV/	A HON I	טופועור	'IN	
Division have been complied with and is true and complete to the best of my			n above		Data	Anarous	~				
	フ				Date	Approved	u				
Signature J. A. Head Area Manager					By ORIGINAL SAGARD DY FERRY UTILITIES						
Printed Name			Title		Title			* \$ 1 \$1			
August 23, 1991		505/3	93-7								

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.