

Submitting Office
District Office
DISTRICT
P.O. Box 100, 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
P.O. Box 100, Artesia, NM 88210

DISTRICT
10000, Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.	Well API No. 30 025 11021
Address P. O. Box 730 Hobbs, NM 88241-0730	
Reason for filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New <input type="checkbox"/> Change in Transporter of: Eff. 4-1-91 return oper to TPI, change to Sirgo Recon <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> an error. TPI name changed to TEPI 6-1-91 Change of transporter <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of transporter, give name and address of previous operator Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702	

II. LOCATION OF WELL AND LEASE

Lease Myers LANGLEIE MATTIX UNIT	Well No. 174	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FFF	Lease No.
Location Unit Letter N : 660 Feet From The SOUTH Line and 1917 Feet From The WEST Line Section 6 Township 24S Range 37E, NMPM, LEA County				

III. TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil TEMPORARILY ABANDONED	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Name of Transporter of Casinghead Gas TEMPORARILY ABANDONED	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, of tanks.	Unit	Sec.	Twps.	Rge.	Is gas actually connected?	When?
If this well is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

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

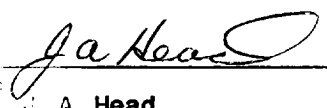
V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

VI. DECLARATION FOR 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 complete to the best of my knowledge and belief.


J. A. Head Area Manager
Title
August 23, 1991 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.

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.