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DISTRICT II P.O. Deswer DD, Astenia, NM \$\$210

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instruction at Bottom of Page

| 1000 Rio Bauce Rd., Aziec, NM 87410 L. | THE GOLOT I | • | ABLE AND AUTHO | | | | |
|--|--|--|---|--|---|--|-------------|
| Operator | IL AND NATUAL | | API No. | ······································ | | | |
| Texaco Exploration and Pro | | 30 | 30 025 11021 | | | | |
| 2. O. Box 730 Hobbs, NM | 88241-0730 | | | | | | |
| anson(s) for Filing (Check proper box) | | | X Other (Please e | xplain) | | | |
| | | Transporter of: | EFFECTIVE | 10-01-91 | | | |
| accompletion L | Oil 🔛 🖂 | Dry Gas | | | | | |
| change of operator give name | | | | | | | |
| address of previous operator | | | | ····· | | ······································ | |
| DESCRIPTION OF WELL | | Pool Name, Inclu | ding Formation | Kind | of Lease | Lease No | |
| MYERS LANGLIE MATTIX UN | | | TTIX 7 RVRS Q GRAY | BURG FEE | Federal or Fee | | ~ |
| ocation N | 660 | • | | .47 | | | |
| Unit Letter | _ : | Feet From The S | OUTH Line and 19 | 917. Fe | et From The <u>WE</u> | 51 | _Lin |
| Section 6 Township | p 24S | Range 37E | , NMPM, | | LEA | Cou | mty_ |
| L DESIGNATION OF TRAN | SPORTER OF O | II. AND NATI | TRALGAS 5 | hiet I | T | | |
| une of Authorized Transporter of Oil | or Condea | | Address (Give address to | which approved | copy of this form | is to be sent) | |
| TEMPORARILY ABANDONED | | | | | | | |
| and of Authorized Transporter of Casing Texaco Exploration | ghead Gas X N & Production In | or Dry Ges 🛄 C | Address (Give address to P. O. Box | whick approved 1137 Eunic | <i>copy of this form i</i> e, New Mexi | <i>s to be sent)</i> | |
| well produces oil or liquide, a location of tanks. | Unit Sec. | Twp. Rge. | | | | 0000201 | |
| his production is commingled with that f | from any other lease or i | | line opter number | I | | | |
| COMPLETION DATA | | | | • • • • • • • • • • • • • • • • • • • | | | - <u></u> . |
| Designate Type of Completion - | - (X) | Gas Well | New Well Workover | Deepen | Plug Back Sam | e Res'v Diff R | ies'v |
| te Spudded | Date Compl. Ready to | Prod. | Total Depth | | P.B.T.D. | | |
| | | | | | | | |
| wations (DF, RKB, RT, GR, etc.) | Name of Producing For | mation | Top Oil/Gas Pay | | Tubing Depth | | |
| forations | L | ····· | <u> </u> | | Depth Casing Sha | × | |
| | | | | | | | |
| HOLE SIZE | | | CEMENTING RECO | | | | |
| HALE SIZE | CASING & TU | BING SIZE | DEPTH SE | <u>. </u> | SACK | S CEMENT | <u></u> |
| | 1 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TEST DATA AND REQUES | T FOR ALLOWA | BLE | | | | | |
| LWELL (Test must be after rea | covery of total volume of | | be equal to or exceed top a | llowable for this | depth or be for ful | 1 24 hours.) | |
| LWELL (Test must be after rea | | | be equal to or exceed top a Producing Method (Flow,) | llowable for this pump, gas lift, eli | depth or be for ful c.) | (24 hours.) | |
| L WELL (Test must be after rea to First New Oil Run To Tank | covery of total volume of | | be equal to or exceed top a Producing Method (Flow,) Casing Pressure | pump, gas lift, ett | depth or be for ful c.) Choke Size | 1 24 hours.) | |
| L WELL (Test must be after real a First New Oil Run To Tank gen of Test | covery of total volume of Date of Test Tubing Pressure | | Producing Method (Flow,) Casing Pressure | pump, gas lift, eu | c.) Choke Size | l 24 hours.) | |
| L WELL (Test must be after real to First New Oil Run To Tank ages of Test | covery of total volume of Date of Test | | Producing Method (Flow,) | pump, gas lift, eu | c.) | l 24 hours.) | |
| te First New Oil Run To Tank ngfa of Test and Prod. During Test | covery of total volume of Date of Test Tubing Pressure | | Producing Method (Flow,) Casing Pressure | pump, gas lift, eu | c.) Choke Size | 1 24 hours.) | |
| L WELL (Test must be after real to First New Oil Rus To Task agts of Test | covery of total volume of Date of Test Tubing Pressure | | Producing Method (Flow,) Casing Pressure | pump, gas lift, ek | c.) Choke Size | | |
| L WELL (Test must be after re- se First New Oil Run To Tank agth of Test uni Prod. During Test AS WELL uni Prod. Test - MCF/D | Contry of total volume of Date of Test Tubing Pressure Oil - Bbls. | f load oil and must | Producing Method (Flow,) Casing Pressure Water - Bbls. Bbls. Condensate/MMCF | pump, gas lift, ek | r.) Choke Size Gas- MCF Gravity of Condet | | |
| L WELL (Test must be after re- s First New Oil Run To Tank gth of Test uni Prod. During Test AS WELL uni Prod. Test - MCF/D | Covery of total volume of Date of Test Tubing Pressure Oil - Bbls. | f load oil and must | Producing Method (Flow,) Casing Pressure Water - Bbis. | pump, gas lift, ek | r.) Choke Size Gas- MCF | | |
| L WELL (Test must be after re- s First New Oil Run To Tank gth of Test und Prod. During Test AS WELL und Prod. Test - MCF/D ag Method (piket, back pr.) | covery of total volume of Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-is | f load oil and must | Producing Method (Flow,) Casing Pressure Water - Bols. Bols. Condensate/MMCF Casing Pressure (Shut-in) | pump, gas lift, ek | r.) Choke Size Gas- MCF Gravity of Condes Choke Size | isie | |
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1) 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.
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.