

Sub. No. _____
Appl. No. _____
Dist. No. _____
P.O. No. _____
Hobbs, NM 88240

Dist. No. _____
P.O. No. _____
Aries, NM 88210

Dist. No. _____
P.O. No. _____
Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.	Well API No. 30 025 11025
Address 720 Hobbs, NM 88241-0730	
Requesting (Check proper box) <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input 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	
If the name of the previous operator is different, give name and address: Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702	

SECTION II LOCATION OF WELL AND LEASE

Lease Name Myers LAGLIE MATTIX UNIT	Well No. 176	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM7488
Location Section P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line Township 6 Range 24S Range 37E , NMPM , LEA County				

SECTION III TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil Texaco Pipeline Co <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202				
Transporter of Casinghead Gas <input checked="" type="checkbox"/> 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				
Oil or liquids, Unit G	Sec. 5	Twp. 24S	Rge. 37E	Is gas actually connected? YES	When? UNKNOWN

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

SECTION IV PRODUCTION 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.					
Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Depth Casing Shoe								

TUBING, CASING AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)

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

FOR CERTIFICATE OF COMPLIANCE

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

A. Head
Area Manager
Title
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

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.