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 II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Azlec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		OTRA	NSP	ORT OIL	AND NA	TURAL GA					
Operator Texaco Exploration and Production Inc.							1	API No. 025 1102	PI No. 025 11028		
Address P. O. Box 730 Hobbs, NM	88241-0	720									
Reason(s) for Filing (Check proper box)	88241-0	730			X Ou	ner (Please expl	ain)				
New Well	Change in Transporter of: Eff.4-1-91 return oper to TPI, change to Sirgo										
Recompletion	Oil Dry Gas an error. TPI name changed to TEPI 6-1-91										
Change in Operator											
If change of operator give name and address of previous operator Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name Well No. Pool Name, Include									of Lease No.		
MYERS LANGLIE MATTIX UNIT 140 LANGLIE MAT					TIX 7 RVRS Q GRAYBURG FEDE			, Federal or Fed ERAL	NM74	88	
Location G	: 1968 Feet From The NORTH Line and 1980 Feet From The EAST Line										
Unit Letter	_ :						F	Feet From The EAST Line			
Section 6 Township 24S Range 37E , NMPM, LEA								 -	County		
III. PESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) INJECTOR											
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to I INJECTOR									orm is to be se	nt)	
If well produces oil or liquids, give location of tanks.	liquids, Unit Sec. Twp. Rge			Rge.	Is gas actually connected? When			7			
If this production is commingled with that	from any othe	r lease or p	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA			<u> </u>	1							
Designate Type of Completion	- (X)	Oil Well	_ i '	Gaş Well	New Well	Workover	Deepen	Plug Back	Same Res'v !	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dept	Tubing Depth		
Perforations					<u> </u>	Depth Casing Shoe					
TUBING, CASING AND					CEMENTI	· · · · · · · · · · · · · · · · · · ·	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
											
. <u></u>	 		<u></u>						· · · · · · · · · · · · · · · · · · ·		
								-	 		
V. TEST DATA AND REQUES					'			<u> </u>			
OIL WELL (Test must be after re			of load	oil and must					or full 24 how	·s.)	
Date 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.				Water - Bbls.			Gas- MCF			
GAS WELL				- · · · - ·	<u> </u>			<u> </u>			
ctual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Festing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
	<u></u>				l			1			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE	(ICEDV	ATIONI		NK I	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.						Approve	d		F		
na tha											
Signature J. A. Head Area Manager					By						
J. A. Head Pricted Name			nanag Tide	yer	Title						
August 23, 1991		505/3	93-7 hone N								
20 m. lu		* 0100			11						

- 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.

F

- 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.