

Subsidiary Office  
P.O. Box 730 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 OFFICE  
P.O. Box 1000 DD, Artesia, NM 88210

DISTRICT OFFICE  
10001 100th Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Terra Exploration and Production Inc.	Well API No. 30 025 11029
Address P. O. Box 730 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"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" 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 operator give name and address of previous operator Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702	

II. LOCATION OF WELL AND LEASE

Lease No. Myers LAGLIE MATTIX UNIT	Well No. 175	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM7488
Location Section 0 : 990 Feet From The SOUTH Line and 1650 Feet From The EAST Line Township 6 Range 24S Range 37E, NMPM, LEA County				

III. TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil INJECTOR	Address (Give address to which approved copy of this form is to be sent)
Transporter of Casinghead Gas INJECTOR	Address (Give address to which approved copy of this form is to be sent)
If gas or liquids, give name, Unit, Sec., Twp., Rge.	Is gas actually connected? When?

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

IV. COMPLETION 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

SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

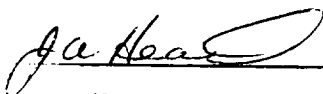
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

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

VI. CERTIFICATE OF COMPLIANCE

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



J. A. Head  
Area Manager  
Title  
23, 1991  
505/393-7191  
Telephone No.

OIL CONSERVATION DIVISION

AUG 27 1991

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.