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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		10 In	AINOI	<u> </u>	AI OI	L AND WA	HUNALU							
Operator Texaco Exploration and Production Inc.									Well API No. 30 025 11036					
Address														
P. O. Box 730 Hobbs, NM Reason(s) for Filing (Check proper box)	88241-	0730				X Ou	nes (Diness and	lain)						
										. 0				
Recompletion	Change in Transporter of: Eff.4-1-91 return oper to TPI, change to Sirgo on error. TPI name changed to TEPI 6-1-91										o Sirgo _91			
Change in Operator	Casinghea	4 Gee [	Cond		–			····	C 011	anged to	1EF1 0- 1	-91		
If shapes of anomator since name	Operation					31 Midla	nd, TX 7	9702			<del></del>			
II. DESCRIPTION OF WELL								<u> </u>				<del></del>		
Lease Name Well No. Pool Name, Inclu MYERS LANGLIE MATTIX UNIT 137 LANGLIE MA					•	•	S O CDAVD		State,	of Lease Federal or Fe	e L	ease No.		
Location		101	1271		16 10171	112 1 11111	O Q GITATE	ond II	FEE_	· ·- ·				
Unit LetterD	- :660	)	_ Feet 1	Fron	n The NO	ORTH Lin	e and62	6.	Fe	et From The	WEST	Line		
Section 6 Township	, NMPM,				LEA County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS														
Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline C							Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas							1670 Broadway Denver, Colorado 80202  Address (Give address to which approved copy of this form is to be sent)							
El Paso Natural Gas Company  If well produces oil or liquids, Unit Sec. Twp. Rge.						P. O. Box 1492 E				Paso, Texas 79978				
give location of tanks.	G	5	245	ì	37E	Is gas accusa	YES		44 11611	-	/03/60			
If this production is commingled with that it IV. COMPLETION DATA	from any oth	er lease or	pool, g	ive (	comming	ing order num	ber:							
	~~··	Oil Well		Gai	Well	New Well	Workover	Deep	pen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - Date Spudded	Date Comp	al. Ready to	Prod.	· · · · · · · ·		Total Depth	<u> </u>		l	P.B.T.D.	İ	1		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth				
Perforations						l	Depth					th Casing Shoe		
TUBING, CASING AND														
HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT					
		<del></del>					· ·· — · · · · · · · · · · · · · · · ·			<del></del>	· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	:		<u> </u>		- <del></del>						
OIL WELL (Test must be after re					and must	be equal to or	exceed top all	owable fo	or this	depth or be f	or full 24 hour	(.r <sup>.</sup>		
Date First New Oil Run To Tank	Date of Tes						ethod (Flow, pr				•			
Length of Test	Tubing Pressure					Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF				
GAS WELL  chial Prod. Test - MCF/D   Length of Test						Bbls. Condensate/MMCF				Gravity of Condensate				
Actual Prod. 168 - MCP/D	Length of Test					Bois. Concensate/MINICP				Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
VI. OPERATOR CERTIFICA	TE OF	COMP	LIA	NC	E		NI 001	1055		<b>TION </b>				
I hereby certify that the rules and regulations of the Oil Conservation							OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						AUG 2 7 1991								
						Date Approved								
Signature/						Ву_	· · · · · · · · · · · · · · · · · · ·	<del> </del>			aj Dj <b>a</b>			
J. A. Head Area Manager Printed Name Title										<u>.</u> .				
August 23, 1991 505/393-7191  Date Telephone No.						Title.		<del></del>				<del></del>		
						L								

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.

Ì

- 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.