Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

### State of New Mexico ergy, Minerals and Natural Resources Departn.

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30 025 11038 Texaco Exploration and Production Inc. Address P. O. Box 730 Hobbs, NM 88241-0730 X Other (Please explain) Reason(s) for Filing (Check proper box) Eff.4-1-91 return oper to TPI, change to Sirgo Change in Transporter of: New Well Dry Gas an error. TPI name changed to TEPI 6-1-91 Oil Recompletion  $\overline{X}$ Casinghead Gas Condensate 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 Pool Name, Including Formation

LANGLIE MATTIX 7 RVRS Q GRAYBURG

Kind of Lease
State, Federal or Fee
FEDERAL Well No. | Pool Name, Including Formation Lease No. NM7488 MYERS LANGLIE MATTIX UNIT 203 Location Feet From The NORTH Line and 1980 Feet From The EAST 660 Line Unit Letter \_ Range 37E LEA 245 Township , NMPM, Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline C 1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas ראו P. O. Box 1492 El Paso, Texas 79978 El Paso Natural Gas Company Rge. Is gas actually connected? When ? If well produces oil or liquids, give location of tanks. Unit Twp. 03/08/62 G 24S | 37E 5 YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls.

GAS WELL			10-why of Condensate	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	,
			Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	1			

## VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby 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.

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

# OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

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
- 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.