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

State of New Mexico ergy, Minerals and Natural Resources Departract

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| <u> </u> | | 10 IN | ANSI | UNIC | JIL AND W | TIUNALG | | | | | |
|--|--------------------------------------|------------------|----------|---------------------------------------|-----------------|--|---|---------------------------|--|-------------|--|
| Operator Texaco Exploration and Production Inc. | | | | | | Well API No. 30 025 11042 | | | | | |
| Address | | | | | | 30 025 11042 | | | | | |
| P. O. Box 730 Hobbs, NM | 88241- | -0730 | | | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | | X o | her (Please exp | lain) | | | | |
| New Well | Change in Transporter of: | | | | | Eff.4-1-91 return oper to TPI, change to Sirgo | | | | | |
| Recompletion Oil Dry Gas | | | | |) a | an error. TPI name changed to TEPI 6-1-91 | | | | | |
| Change in Operator | Casinghe | nd Gas | Conde | ensate [|] | | | | | | |
| If change of operator give name and address of previous operator Sirgo | o Operati | ng, Inc. | P. (| D. Box 3 | 3531 Midla | and, TX 7 | 9702 | | | | |
| II. DESCRIPTION OF WELL | AND LE | ASE | | | | | | | | • | |
| Lesse Name | | Well No. | | | uding Formation | | Chana | of Lease Federal or Fe | 1 | esse No. | |
| MYERS LANGLIE MATTIX UN | VIT | 245 | LAN | GLIE MA | TTIX 7 RVF | S Q GRAYB | URG FEE | receil or re | | | |
| Location Unit Letter N | 660 |) | _ Feet F | rom The | SOUTH LI | ne and198 | 0F | et From The | WEST | Line | |
| Section 7 Townshi | p 24S Range 37E | | | | | , NMPM, | | | LEA | | |
| | .p | | | | | | | LEA | | County | |
| III. DESIGNATION OF TRAN | SPORTE | | | ND NAT | | | | | ······································ | | |
| Name of Authorized Transporter of Oil Texas New Mexico Pipeline | c X | or Conde | sale | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| | 1670 Broadway Denver, Colorado 80202 | | | | | | | | | | |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company | | | | | Address (Gi | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978 | | | | | |
| If well produces oil or liquids, give location of tanks. | | | | Rg | | | | | ? | | |
| If this production is commingled with that | | 5 er lesse or | 245 | | | | | UN | KNOWN | | |
| IV. COMPLETION DATA | | | P, & | , o out | gring oron mai. | | | | | | |
| Designate Type of Completion | - (X) | Oil Well | Ţ | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | | al. Ready to | Prod. | | Total Depth | <u></u> | L | P.B.T.D. | L | 1 | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | · · · · · · · · · · · · · · · · · · · | Top Oil/Gas | Top Oil/Gas Pay | | | Tubing Depth | | |
| | | | | | | | | | Tooling Deput | | |
| Perforations | | • | | | | | · · · · · · · · · · · · · · · · · · · | Depth Casin | g Shoe | | |
| | • | TIDDIC | CACT | NC ANT | CICA COAPITE | NO DECOR | | <u> </u> | | | |
| HOLE SIZE | | | | | CEMENT | CEMENTING RECORD DEPTH SET | | | SACKS SEMENT | | |
| TIOLE OILE | CASING & TUBING SIZE | | | | | DEFINSE | | | SACKS CEMENT | | |
| | | | | | - | | | | | | |
| | | ***** | | | | | | | | | |
| | | | = | | | | | | | | |
| . TEST DATA AND REQUES | | | | | | | | | | • | |
| OLL WELL (Test must be after red Date First New Oil Run To Tank | Date of Tes | | of load | oil and mus | | exceed top allo ethod (Flow, pu | | | or full 24 how | 3.) | |
| ength of Test | This Program | | | | Casina Proces | Casing Pressure Choke Size | | | | | |
| zagai ur rea | Tubing Pressure | | | | Casing Ficourt | | | 01000 0120 | | | |
| Actual Prod. During Test | d. During Test Oil - Bbls. | | | | | Water - Bbls. | | | Gas- MCF | | |
| GAS WELL | <u> </u> | | | | | | | 1 | | | |
| Actual Prod. Test - MCF/D | D Length of Test | | | | | Bbls. Condensate/MMCF Gravity of Condensate | | | | | |
| sting Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | | Casing Press. | Casing Pressure (Shut-in) | | | Choke Size | | |
| | | | | | | • | | | | | |
| I. OPERATOR CERTIFICA | ATE OF | COMP | LIAN | ICE | | | 0001 | TION | | A 1 | |
| 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. | | | | | 1 | Date Approved | | | | | |
| 1 // | | | | | Date | Approved | . t | tari i | | | |
| - Aa Neac | | | | | D., | ¢ ¹ =\$2 1 ≠331. | 1. (2.5.5.4) | | | | |
| Signature J. A. Head Area Manager | | | | | by_ | By GRIGH EL STORED OF THE THON | | | | | |
| Printed Name | | | Title | | Title | | er de Silvania de Silvania O Silvania de S | - ខណ្ឌប្រជុំ | , X | | |
| August 23, 1991 | | 505/3 | | | II TRIB. | | | | | | |
| Date | | Telep | hone N | 0, | 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.
- 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.