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Appropriate District Office
DISTRICT I
P.O. Box 1980, 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 II
P.O. Denver DD, Azalea, NM 88210

DISTRICT III
1000 Rio Benito Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | | |
|--|--|------------------------------|
| Operator Texaco Exploration and Production Inc. | | Well APN No. 30 025 11044 |
| Address P. O. Box 730 Hobbs, NM 88241-0730 | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 10-01-91 | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|--|---|-----------|
| Lease Name MYERS LANGLIE MATTIX UNIT | Well No. 247 | Pool Name, including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG | Kind of Lease State, Federal or Fee FEE | Lease No. |
| Location Unit Letter P : 550 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 7 Township 24S Range 37E, NMPM, LEA County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|-----------|-------------|-------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil Texas New Mexico Pipeline C <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 5 | Twp. 24S | Rge. 37E | Is gas actually connected? YES | When? UNKNOWN |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas 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 Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

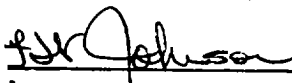
| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Oil Prod. During Test | Oil - Bbls. | Water - Bbls.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

S WELL

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

OPERATOR CERTIFICATE OF COMPLIANCE

by certify that the rules and regulations of the Oil Conservation
on have been complied with and that the information given above
and complete to the best of my knowledge and belief.



L.W. JOHNSON

Engr. Asst.

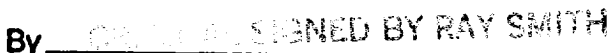
DATE
April 16, 1992

Telephone No.
505/393-7191

OIL CONSERVATION DIVISION

APR 29 92

Date Approved

By  SIGNED BY RAY SMITH

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Test for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance Rule 111.

Sections of this form must be filled out for allowable on new and recompleted wells.

It 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.

RECEIVED

APR 27 1992

UCD HOBBS OFFICE