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

DISTRICT II P.O. Deswer DD, Astesia, NM 88210

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 III 1000 Rio Benzos Rd., Aziec, NIM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Wel	I API No.			
Texaco Exploration and Pro	oduction	Inc.					30	025 1109) 1		
Address											
P. O. Box 730 Hobbs, NM	88241-	0730									
Reason(s) for Filing (Check proper box)						et (Please exp	•				
New Well		Change is	•		E	FFECTIVE 1	10-01-91	I			
Recompletion 📙	Oil	<u></u>	Dry G								
Change in Operator	Caninghee	d Gas 🛚	Conde					···			
f change of operator give name and address or previous operator						*					
L DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name, Inclu			ding Formation			Kind of Lease State, Federal or Fee		Lease No.		
MYERS LANGLIE MATTIX UNIT		191 LANGLIE MAT			TIX 7 RVRS Q GRAYBURG			FEDERAL		LC032339b	
Location Unit Letter B	. 660)	East E	rom The NO	ORTH T.	e and 198	ο ,	Feet From The	EAST	Line	
Section 10 Townsh	- ·2	45		37E		MPM,	·	LEA		County	
10400	·P					MIT INL				County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF Conde		U NATU		e adbass to	hich annua	ed copy of this ;	form is to be -		
Texas New Mexico Pipeline	c 🖾	VI COBOR						nver, Colo			
 		L&C	~ n	Get [·						
Name of Authorized Transporter of Casinghead Gas X or Dry Texaco Exploration & Production Inc					Address (Give address to which approved copy of this form P. O. Box 1137 Eunice, New Mex						
if well produces oil or liquids,	Sec.	Twp.	Rge.								
is west produces out or siquios, jive location of tanks.	Unait G 1	5 .	1 24S	1 37E	YES		j was	When ? UNKNOWN			
f this production is commingled with that	from any oth	er lesse or	<u> </u>		line celes www				WWW TH		
V. COMPLETION DATA	nom any ou		hoor's Br.	o committee	and choos was						
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		J Pandy to	David		Total Depth	<u> </u>	<u> </u>	1	<u></u>		
	i. Ready to Prod.						P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	oducing Formation			Pay		Tubing Depth				
Perforations								Depth Casir	g Shoe		
	T	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
											
. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE								
IL WELL (Test must be after r	ecovery of to	tal volume	of load o	il and must	be equal to or	exceed top allo	owable for th	is depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	t.			Producing Me	sthod (Flow, pa	mp, gas lift,	eic.)			
	<u> </u>										
angin of Test	SUITE			Casing Pressu	ıre		Choke Size	Choke Size			
				Water - Bbis.			Gaa- MCF				
actual Prod. During Test											
	<u> </u>							<u> </u>			
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of T	est			Bbis. Conden	sate/MMCF		Gravity of C	ondensate		
							•				
sting Method (pilot, back pr.)	naure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
	1.										
L OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE							
I hereby certify that the rules and regula						DIL CON	ISERV	ATION I	DIVISIO	N	
Division have been complied with and t	hat the inform	nation give	a above					n	DD 0 0 1	20	
is true and complete to the best of my k	nowledge and	d belief.			Date	Approve	4	A	PR 29'9	14	
-1 \(\begin{array}{c} \Delta \\ \D					Dale	Applove(-			·	
Whatsa	<u>-</u>				_	بۇرۇ رۇنى يىلى	LSIGN	ED BY R	AY SMIT	^} -	
Signature		F			By_	CPUL RY				MT	
L.W. JOHNSON Printed Name			. Asst		l.			•			
April 16, 1992		505/3	Title 193-71	191	Title.						
Deta Deta			de seeds								

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.