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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

DISTRICT II P.O. Denner DD, Astesia, NM \$8210

Santa Fe, New Mexico 87504-2088

OOO Rio Benzos Rd., Aziec, NM 87410	REQU	JEST FO	OR AL	LOWAE	SLE AND A	AUTHORIZ TURAL GA	ZATION AS				
Operator Texaco Exploration and Production Inc.							Well API No. 30 025 25948				
Address P. O. Box 730 Hobbs, NM	88241-	0730									
Reason(a) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil	Change in	Dry G	u 🗆		er (Please explo FECTIVE 10					
f change of operator give name ad address of previous operator											
I. DESCRIPTION OF WELL AND LEASE Lease Name MYERS LANGLIE MATTIX UNIT 131 LANGLIE MAT									Lesse No.		
Location Unit LetterB	: 660			rom The NO		e and198(et From The .	EAST	Line	
Section 5 Township	2	48	Range	37E	,N	мрм,		LEA		County	
II. DESIGNATION OF TRANS	SPORTE	R OF O	LAN	D NATU	RAL GAS			······································		41	
Name of Authorized Transporter of Oil C or Condensate						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 Texaco Exploration & Production Inc					Address (Gin	e eddress to wi	h <i>ich approved</i> 137 Eunic	copy of this form is to be sent) e, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit G	Sec.	Twp. 245	Rge.	is gas actually connected? When YES			7 08/29/78			
f this production is commingled with that f IV. COMPLETION DATA	rom any of						7) n. n. i	Io P	Diff Res'v	
Designate Type of Completion		Oil Well	_i_	Gas Well	New Well	Workover	Deepen	<u>i</u>	Same Res'v	Dill Kesv	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casir	ng Shoe		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTING RECORD DEPTH SET			T :	SACKS CEMENT		
HOLE SIZE		Sing a To		<u> </u>							
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE				-11. <i>E</i> at	in double on he	for 6.11.24 hou		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of To		of load	oil and mill	Producing M	lethod (Flow, pr	ump, gas lift,	eic.)	ju ja: 24 no.		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitet, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regular Division have been complied with and it is true and complete to the best of my it	ntions of the	e Oil Conser ormation giv	vation			OIL CON			DIVISIO		
-called Net					II .	e Approve Objetivi					
Signature L.W. JOHNSON Engr. Asst.					By ORIGINAL SIGNED BY PAY SMITH FIELD REP. II						
Printed Name April 16, 1992		505/	Title 393-		Title)					

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.

COD FORM ATTORNEY