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

State of New Mexico rgy, 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. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I.</u>	7	OTR/	ANS	POF	RT OIL	_ AND NA	TURAL (<u>GAS</u>						
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 25948						
Address P. O. Box 730 Hobbs, NM 88241-0730														
Reason(s) for Filing (Check proper box)						X Ou	er (Please ex	nlain)	······································					
New Well		Channa in	т		6.		-			A TDI		•		
	Change in Transporter of: Eff.4-1-91 return oper to TPI, change to Sirgo an error. TPI name changed to TFPI 6-1-91													
Recompletion														
Change in Operator	Casinghead	Gas	Cond	kamt										
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 Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.												No		
MYERS LANGLIE MATTIX UNIT 131 LANGLIE MAT							S Q GRAY	BURG		State, Federal or Fee				
Location Unit LetterB	: 660 Feet From The NO					RTH Line and 1980				Feet From The EAST Line				
Section 5 Township	040 075				, NMPM,				LEA County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS														
Name of Authorized Transporter of Oil Texas New Mexico Pipeline C							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 (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.	vell produces oil or liquids, Unit		Twp.		Rge. 37E	Is gas actually connected? YES			When? 08/29/78					
<u> </u>	ļ	5	Ь								123/10			
If this production is commingled with that f IV. COMPLETION DATA	rom any ome	t terms or	poor, g	give C	Ottainußi	ing Order num	Der:					···		
Designate Type of Completion -		Oil Well		Gas V		New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl	Prod.	Prod.		Total Depth			P.B.T.D.		1				
Elevations (DF, RKB, RT, GR, etc.)	s (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth			
Perforations										Depth Casing Shoe				
		CEMENTING RECORD				,								
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR A	LOW	RIE	2	نـــــــا	<u> </u>				l				
_									A	4				
OIL WELL (Test must be after re			of load	oila	nd must						or full 24 hour	<u>s.) </u>		
Date First New Oil Run To Tank	Date of Test					Producing Me	thod (Flow,	ритр, до	ıs lift, ei	'c.)				
Length of Test	Tubing Pressure					Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF				
										<u> </u>				
GAS WELL											•			
Actual Prod. Test - MCF/D							Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size				
THE CORD AMON CONTROL				~ -						<u> </u>				
VI. OPERATOR CERTIFICA			MOE	DV	TIONE		A.I							
I hereby certify that the rules and regular	OIL CONSERVATION DIVISION													
Division have been complied with and the														
is true and complete to the best of my knowledge and belief.							Date Approved							
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Ja Hon														
							By Carrier Season Controls							
Signature J. A. Head Area Manager						2889. 1 PARIOR								
Printed Name August 23, 1991		505/3	Title			Title.								
Date			phone											
						1 1								

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.

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