Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Τ	OTRA	NSPC	ORT OIL	AND NA	TURAL G					
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 25989					
Address	99044 0	720									
P. O. Box 730 Hobbs, NM Reason(s) for Filing (Check proper box)	88241-0	730	<u> </u>		X Oth	et (Please expl	ain)			······	
New Well		Change in	Transpor	rter of:		f.4-1-91 i	•	er to TPI,	change to	o Sirgo	
Recompletion	Oil Dry Gas an error. TPI name changed to TEPI 6-1-91										
Change in Operator	Casinghead	Gas 🗌	Conden	sate 🔲							
If change of operator give name and address of previous operator Sirge	Operatin	g, inc.	P. 0.	Box 35	31 Midia	nd, TX 79	702				
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name MYERS LANGLIE MATTIX UI	1	Well No. 135			ng Formation TIX 7 RVR	S Q GRAYBI	State,	Kind of Lease State, Federal or Fee FEDERAL		Lease No. NM7488	
Location Unit Letter B	. 760		East Sor	om The NO	RTH Lin	and 2080	D- 15.	et From The	EAST	Line	
	· :- 24	046 - 275			, NMPM.			LEA		County	
Security Towns	112					711 171,				county	
III. DESIGNATION OF TRAP Name of Authorized Transporter of Oil		or Conden		LU NUTO		e address to wi	hich approved	copy of this fo	orm is to be se	nl)	
Texas New Mexico Pipeline	c 🖾			<u> </u>	1	670 Broad	- •				
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.	Unit			Rge.	is gas actually connected? YES		,	When ? 08/21/78			
If this production is commingled with that			24S						/21/16	. 	
IV. COMPLETION DATA		Oil Well		las Well	New Well	Workover	Deepen	Diva Dask	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	JON WEN	i	MEN WEN	I trem well	WOLKOVE	Deepen	i Ling Dack	 Strike Ves A	I Kest	
Date Spudded						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						
	า	IRING	CASIN	IG AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									· · · · · · · · · · · · · · · · · · ·		
								ļ	. ,		
V. TEST DATA AND REQUE	ST FOR A	LLOWA	ARLE		l			J	······································		
OIL WELL (Test must be after t	recovery of tole	al volume	of load o	il and must	be equal to or	exceed top allo	owable for thi	s depth or be j	for full 24 hou	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>				l		· · · · · · · · · · · · · · · · · · ·			·	
Actual Prod. Test - MCF/D Length of Test					Bbls. Conden	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	'ATE OF	COMP	TJAN	CF.	<u> </u>			: -			
I hereby certify that the rules and regul				 -	(DIL CON	ISERV	ATION I	DIVISIC	N	
Division have been complied with and	that the inform	nation give	en above]]					:1	
is true and complete to the best of my knowledge and belief.					Date Approved						
<u> Aa Aan</u>					B.,						
Signature J. A. Head Area Manager					By_						
Printed Name August 23, 1991		505/3	Title 393-71	191	Title						
Date			phone No]]						

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.