

Submit 3 Copies
Approved District Office
DISTRICT I
P.O. Box 1180, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
1000 Rte. 180, Aztec, NM 87410

State of New Mexico
Geology, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.		Well API No. 30 025 26969
Address P. O. Box 730 Hobbs, NM 88241-0730		
Reason for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Eff. 4-1-91 return oper to TPI, change to Sirgo an error. TPI name changed to TEPI 6-1-91		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change of Operator <input checked="" type="checkbox"/>		
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 MATTIX LANGLEIE MATTIX UNIT	Well No. 165	Pool Name, including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM7488
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>4</u> Township <u>24S</u> Range <u>37E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Designated Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> INJECTOR	Address (Give address to which approved copy of this form is to be sent)					
Name of Designated Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> INJECTOR	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this operation 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elev. (e.g., KKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perf.					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

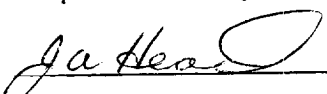
V. TEST DATA AND REQUEST FOR ALLOWABLE

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

GA			
Actual Flow - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing (e.g., pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


J. A. Head Area Manager
Title
Date 1st 23, 1991 505/393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- Sections of this form must be filled out for allowable on new and recompleted wells.
- Submit only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.