Submit 5 Copies
Appropriate District Office
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 Rottorn of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Beasos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openior Texaco Exploration and Production Inc.								Well API No. 30 025 27481			
P. O. Box 730 Hobbs, NA	88241-	0730									
Reason(s) for Filing (Check proper box)	X Other (Please explain)										
New Well Change in Transporter of:					EFFECTIVE 10-01-91						
Recompletion	Oil		Dry (								
Change in Operator	Caningher	d Gas 🛚	Cond	esmie							
If change of operator give name	_										
and address of previous operator  II. DESCRIPTION OF WELI	AND LE	ASE		······································						· · · · · · · · · · · · · · · · · · ·	
Lease Name		Well No. Pool Name, Includi			ing Formation			Kind of Lease		Lease No.	
MYERS LANGLIE MATTIX UNIT		166 LANGLIE MA			TIX 7 RVR	S Q GRAYBI		State, Federal or Fee FEDERAL		NM7488	
Location	. 1980	`	<del></del>			760			WEST		
Unit Letter	1401 LOW 199						_ Feet From The WEST Line				
Section 4 Towns	hip 2	48	Rang	e 37E	, N	MPM,		LEA		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU						RAL GAS Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Oil SHUT-IN		or Conde	120le		Address (Giv	e <b>a</b> ddress io wi	uch approved	copy of this j	orm is to be se	int)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration & Production Inc					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231						
If well produces oil or liquids,				······································			ea?				
If well produces oil or liquids, Unit     Unit		1 1		1 ~		"	j waez r I				
If this production is commingled with the	t from any oth	er lease or	pool. s	rive commine	ing order sum	ber:					
IV. COMPLETION DATA			,,,,,,								
Designate Type of Completion	1 - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	ol. Ready to Prod.			Total Depth	<u> </u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	oducing Formation			Pay		Tubing Depth				
Perforations								Depth Casin	g Shoe		
	7	UBING.	CAS	ING AND	CEMENTI	NG RECOR	D	1			
HOLI: SIZE C		SING & TI			DEPTH SET			SACKS CEMENT			
	<del>                                     </del>							ļ			
V. TEST DATA AND REQUE OIL WELL (Test must be after					he caud to an	exceed top allo	mable for thi	denth or he i	or full 24 hour	- 1	
Date First New Oil Run To Tank	Date of Ta		oj ioaa	OH BAZ ANDT		thod (Flow, pu			Or just 24 HOLD	4./	
INCOLUMN CANADA IN TARRE IN TARRE CALLER											
Length of Test	Tubing Pre	SELITE			Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					• • • • • • • • • • • • • • • • • • • •	T-1-1-					
uel Prod. Test - MCF/D Length of Test					Bbis. Conden	sate/MMCF		Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COM	TTAI	NCE	<u>                                     </u>			1			
				NCE		DIL CON	SERV	<b>I NOITA</b>	DIVISIO	N	
I hereby certify that the rules and regularized have been complied with and				ne.	∥ `						
is true and complete to the best of my	knowledge an	d belief.	~	-	Data	Annzous	4	APR 29	.97		
MANY O	_				i I	Approved		ભા <sub>વ</sub> કૃષ્ણા કુદ છેલ છે.	e casti	<u></u>	
Signature L.W. JOHNSON Engr. Asst.					By ORIGINAL SIGNED BY MAY SMITH						
L.W. JOHNSON Printed Name			Title		Title.						
April 16, 1992		505/3	93-7	7191							

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.