

Submit to District Office
DISTRICT OFFICE
P.O. Box 100, Hobbs, NM 88240

State of New Mexico
Geology, 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 OFFICE
P.O. Box 100, Atesia, NM 88210

DISTRICT OFFICE
1000 B. Aztec Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texas Exploration and Production Inc.	Well API No. 30 025 27481
Address P. O. Box 730 Hobbs, NM 88241-0730	
Reason for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Eff. 4-1-91 return oper to TPI, change to Sirgo Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> an error. TPI name changed to TEPI 6-1-91 Change of Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input 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 S LANGLEIE MATTIX UNIT	Well No. 166	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM7488
Location Unit Letter L : 1980 Feet From The SOUTH Line and 760 Feet From The WEST Line Section 4 Township 24S Range 37E, NMPM, LEA County				

III. SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate SHUT-IN	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas SHUT-IN	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, in tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this location is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Date	Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Completed	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevation (in feet KB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations	Depth Casing Shoe								
TUBING, CASING AND CEMENTING RECORD									
PIPE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

GAUGE WELL

Actual Prod. - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (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.

Signature J. A. Head Area Manager
Printed Name J. A. Head Title
Date August 23, 1991 Telephone No. 505/393-7191

OIL CONSERVATION DIVISION

Date Approved _____
By _____
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.