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

State of New Mexico rgy, Minerals and Natural Resources Departn

Form C-104 Revised 1-1-89 See Instructions

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1000 Rio Brazos Rd., Aziec, NM 87410 I.							AUTHOR TURAL G					
Operator Texaco Exploration and Production Inc.								Well	Well API No. 30 025 27383			
Address									020 2750			
P. O. Box 730 Hobbs, NM Reason(s) for Filing (Check proper box)	88241-	0730				X Ou	ner (Please exp	olain)		·		
New Well		Change in		•	of:	E	f.4-1-91	return op	er to TPI,	change t	o Sirgo	
Recompletion	Oil Casingher		Dry C	Gas lensate	. 님	aı	n error. Ti	Pl name c	hanged to	TEPI 6-1	-91	
If above of country above	Operation				_=_	31 Midia	ind, TX 7	9702				
II. DESCRIPTION OF WELL											· · · · · · · · · · · · · · · · · · ·	
Lease Name Well No. Pool Name, Include						State Endomine Eng						
MYERS LANGLIE MATTIX UNIT 126 LANGLIE MATTIX 7 RVRS Q GRAYBURG FEE												
Unit LetterA	-:660)	_ Feet I	From '	The NO	ORTH Lin	e and66	<u>0· </u>	eet From The	EAST	Line	
Section 4 Township 248 Range					37E , NMPM,				LEA County			
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND N	NATU							
Name of Authorized Transporter of Oil INJECTOR]	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas INJECTOR						Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		Rge.	Is gas actually connected? Whe			1?			
If this production is commingled with that in IV. COMPLETION DATA	from any oth	er lease or	pool, g	ive co	mmingi	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas V	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.			Total Depth	*******		P.B.T.D.	A 	- 	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing Depth						
Perforations						<u> </u>			Depth Casing Shoe			
· · · · · · · · · · · · · · · · · · ·						CEMENTING RECORD						
HOLE SIZE CASING & TUBING SI						DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	;				· · · · · · · · · · · · · · · · · · ·	<u> </u>			
OIL WELL (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.)						
te First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF			
GAS WELL					l				<u> </u>	•		
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Sesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE							\u	10==::				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION AUG 2 7 1991						
is true and complete to the best of my knowledge and belief.						Date Approved						
Signature Ja Aleas						By ORIGINAL MONED BY JEFRY SEXTON DISTANCE I SUPPRESSER						
// J. A. Head Area Manager Printed Name Title						Title.						
August 23, 1991		505/3	93-7		_	""						

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.