

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
 SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
 (Rev. 7-60)

10031 7 34 AM '65

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator ANADARKO PRODUCTION COMPANY				Lease Langlie-Mattix	Well No.
Unit Letter 0	Section 34	Township 22S	Range 37E	County Lea	Tr. 21
Pool Langlie-Mattix				Kind of Lease (State, Fed, Fee) State	

If well produces oil or condensate give location of tanks Langlie-Mattix		Unit Letter 0	Section 34	Township 22S	Range 37E
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>			Address (give address to which approved copy of this form is to be sent) Box 1165, Eunice, New Mexico		
Shell Pipe Line Co.					

Is Gas Actually Connected? Yes No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)

If gas is not being sold, give reasons and also explain its present disposition:

TSM

REASON(S) FOR FILING (please check proper box)

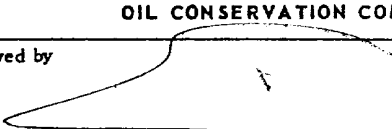
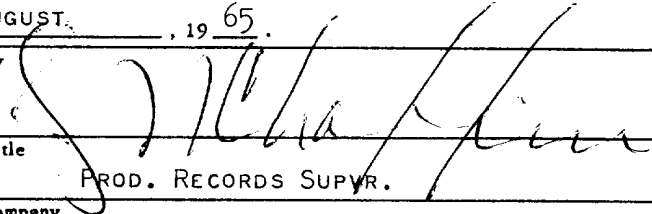
New Well Change in Ownership
 Change in Transporter (check one) Other (explain below)
 Oil Dry Gas
 Casing head gas Condensate

Remarks
 PURCHASED BY ANADARKO; OPERATIONS ASSUMED EFFECTIVE AUGUST 1, 1965.

 Well formerly owned and operated by Ambassador Oil Corporation.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 2ND day of AUGUST, 19 65.

OIL CONSERVATION COMMISSION		By
Approved by 		
Title		PROD. RECORDS SUPVR.
Title		Company ANADARKO PRODUCTION COMPANY
Date		Address P. O. Box 9338 FORT WORTH, TEXAS 76107

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1306)

RECEIVED DISTRICT OFFICE O. C. C.
FEB 26 11 18 AM '65

Name of Company Ambassador Oil Corporation				Address P.O. Box 247, Hobbs, New Mexico			
Lease Langlie Mattix Penrose Sand Unit Tr. 21	Well No. 4	Unit Letter C	Section 34	Township 22 S	Range 37 E		
Date Work Performed 2/18/65	Pool Langlie Mattix			County Lea			

THIS IS A REPORT OF: (Check appropriate block)

<input type="checkbox"/> Beginning Drilling Operations	<input type="checkbox"/> Casing Test and Cement Job	<input checked="" type="checkbox"/> Other (Explain):
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work	Install ing pumping equipment

Detailed account of work done, nature and quantity of materials used, and results obtained.

Installed 5/8" rods, 1 25/32" pump, American T303 pumping unit and FM346 gas engine. Changed well from shut in status to pumping.

Witnessed by M. F. Nelson	Position Project Supervisor	Company Ambassador Oil Corporation
-------------------------------------	---------------------------------------	--

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev. 3319' GL	T D 3660'	P B T D	Producing Interval 3460'-3660'	Completion Date 11/12/38
Tubing Diameter 2 3/8" OD EUE	Tubing Depth 3645'	Oil String Diameter 7" OD	Oil String Depth 3382'	
Perforated Interval(s)				

Open Hole Interval Perforated liner 3381'-3660'	Producing Formation(s) Penrose section of Queen
---	---

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover	Shut in					
After Workover	2/21/65	10	TSTM	85	TSTM	

OIL CONSERVATION COMMISSION

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved by 	Name M. F. Nelson
Title	Position Project Supervisor
Date	Company Ambassador Oil Corporation

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. **Ambassador Oil Corporation**
Address: **P. O. Box 247 Hobbs, New Mexico**
Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Oil Dry Gas
 Changing location Oil Condensate
 Change in ownership Casinghead Gas Other (Please explain): **Change in operator**

If change of ownership give name and address of previous owner: **Previously reported by Humble Oil & Refining Company State # 4**

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: **Langlie Mattix Penrose Sand Unit Tr. 21** Well No. **4** Pool Name, including Formation: **Langlie Mattix - Queen** Kind of Lease: **State**
 Location: Unit Letter **C**, **660'** Feet From The **north** Line and **3300'** Feet From The **east**
 Line of Section **34**, Township **22S** Range **37E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Shell Pipe Line Company Address (Give address to which approved copy of this form is to be sent): **P. O. Box 1165, Eunice, New Mexico**
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Skelly Oil Company Address (Give address to which approved copy of this form is to be sent): **P. O. Box 372, Eunice, New Mexico**
 If well produces oil or liquids, give location of tanks: Unit **C** Sec. **34** Twp. **22S** Rge. **37E** Is gas actually connected? **Yes** When **Unknown**

If this production 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 Spudded: **10/27/38** Date Compl. Ready to Prod.: **11/12/38** Total Depth: **3660'** P.B.T.D.:
 Pool: **Langlie Mattix** Name of Producing Formation: **Queen** Top Oil/Gas Pay: **3460'** Tubing Depth: **3645'**
 Perforations: **Open hole** Depth Casing Shoe: **3382'**
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	9-5/8"	441'	
8-3/4"	7"	3382'	
6-1/4"	5" OD perforated liner	279'	
	2-3/8"	3645'	

V. TEST DATA AND REQUEST FOR ALLOWABLE 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)

Date First New Oil Run To Tanks	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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

M. J. Nelson
(Signature)

Project Supervisor
(Title)

2/17/65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY *John D. Ramsey*
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.