NO. OF COPIES RECI	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		Ĺ	
LAND OFFICE			
TRANSPORTER	OIL	Ī	
	GAS		
OPERATOR			
			1

1.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Operator  Reserve Oil and  Address  First Savings B  Reason(s) for filing (Check proper box)  New We!!  Recompletion  Change in Ownership X	REQUEST F	Other (Please explain) Fo Gutman 18 No.	rmerly Jews Pocupie				
If change of ownership give name Texas Pacific Oil Co., Inc., Box 4067, Midland, Texas 79701  This change to be effective CFD 1 1070								
11. 1	DESCRIPTION OF WELL AND L Lease Name South Langlie Jal Unit	Well No. Pool Name, Including Fo	rmation Kind of Lease					
	Location		a arid 1980 Fee: From T	he E				
	<del></del>	nship 25-S Runge 3		Lea County				
<b>III.</b> [	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil							
	El Paso Natural Gas C  If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. O 18 25-S 37-E	Is gas actually connected? Whe Yes					
IV.	If this production is commingled with COMPLETION DATA		give commingling order number:  Thew Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.				
	Designate Type of Completion	011 (1011						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations Depth Casing Shoe							
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TOBING SIZE						
V.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks	and must be equal to or exceed top allow- ft, 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 (Shut-in)	Casing Pressure (Shut-in)	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.

District Manager (Title)

AUG 28 1970

(Date)

QIL CONSERVATION COMMISSION

APPROVED

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 only Sections I, II, III, and VI 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

NECEIVED
AUGE 1 1970

9

OIL CONSESSENTAL COMM.