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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

Operator <b>El Paso Natural Gas Company</b>	
Address <b>P. O. Box 1384 - Jal, New Mexico</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>This is a gas well, and produces a trace of oil.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

Lease Name <b>Gregory Federal A</b>		Well No. <b>2</b>	Pool Name, including Formation <b>Langlie Mattix</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>L</b> ; <b>1980</b> Feet From The <b>South North</b> Line and <b>660</b> Feet From The <b>West</b>				
Line of Section <b>33</b> , Township <b>25S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

Name of 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)		
<b>Mc Wood Corporation</b>		<b>2003 Wilco Building - Midland, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<b>El Paso Natural Gas Company</b>		<b>P. O. Box 1384 - Jal, New Mexico</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>33</b>	Twp. <b>25S</b>	Rge. <b>37E</b>
				Is gas actually connected? <b>Yes</b>
				When <b>November 18, 1955</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

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

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

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		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
BY <b>John A. Disch</b>		BY <b>John A. Disch</b>	
TITLE <b>Petroleum Engineer</b>		TITLE _____	
May 10, 1965		This form is to be filed in compliance with RULE 1104.	
(Date)		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.	