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

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

State of New Mexico Energy, 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

63384

DISTRICT III	Santa Fe, New Mexico 87504-2088								6338	7		
1000 Rio Brazos Rd., Aztec, NM 87410	REQ	JEST F	OR ALLO	WAE	BLE AND	AUTHORI	ZATION					
I. Operator	TO TRANSPORT OIL						. AND NATURAL GAS Well API No.					
·	AN OIL INC.								025-24849			
Address	27 510	1.0 1	IDI AND		7071	01010						
P. O. B(Reason(a) for Filing (Check proper box)	JX 518	10, M	IDLAND), T		et (Please exp	aun i			-		
New Well		Change in	Transporter of	of:		(•						
Recompletion Change in Operator	Oil Cariantan	😾	Dry Gas									
If change of operator give name		AC DETE	\	_=_	POV 21	20	TV	77050				
			COLEUM,	P.O.	BOX 21	20, Hous	ton, IX	77252				
II. DESCRIPTION OF WELL Lease Name	AND LEASE Well No. Pool Name, including				as Commiss		l Vind	EFIt.	The Lease No.			
Langlie Jal Unit	1 1				· .			8910115870				
Location		200					•	 				
Unit Letter H	_ :	980	Feet From T	he	N Line	and43	<u>() </u>	et From The	W	Line		
Section 8 Township	2.5	5S	Range	37E	, Ni	мРм,	Lea			County		
III. DESIGNATION OF TRAN	SPORTE	'P OF O	II AND N	1 A TT 1	DAT CAS							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
Shell Pipeline Compan	·- <u></u>				P.O. Box 2648, Houston, TX 77252							
Name of Authorized Transporter of Casing Sid Richardson Garbon	- '				1			copy of this form is to be sent) orth, TX 76102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually		When					
If this production is commingled with that i	from any oth	er lenen or										
IV. COMPLETION DATA		er rouse or	poor, give co	rainna	ruff order urmin		-	 -				
Designate Type of Completion	- 00	Oil Well	Gas V	Veli	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Resiv		
Date Spudded		pl. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	<u> </u>	1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
HOLE SIZE	CEMENTIN	NG RECOR		SACKS CEMENT								
	CASING & TUBING SIZE				DEPTH 3E1			SAONS CEMENT				
					:			<u> </u>	 	 i		
V. TEST DATA AND REQUES							-					
OIL WELL (Test must be after re	Date of Te		of load oil an	d must		exceed top allow pu			for full 24 hou	rs.)		
	522 01 10	-			. rounding into	11.00 (1.00), p		,				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of C	Gravity of Condensate			
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
	-							1				
VI. OPERATOR CERTIFICA				,	ے ا	DIL CON	ISERV	ATION	DIVISIO	N		
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 OCT 2 8 1991							
is true and complete to the best of my lo	nowledge an	nd belief.	2 - 2	1	Date	Approve	d	ו טט	60 13	3 1		
Sunio	1	1//	11,6									
Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Connie I. Malik Reg. Compliance Rep.					—	D	लक्षाला ः । ।	OUTER VISC	/K			
9/26/91	915-68	<u>88-689</u> 8	3		Title			·	1.4 B1.	5 5		
Date		Telep	chone No.			With the second	المحكودات.	ا المالية	,	• • • • •		

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 L 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 mult v completed wells.