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TRANSPORTER	OIL	
	GAS	
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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

I. Operator
Shell Oil Company
Address
P. O. Box 1858, Roswell, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Tank Battery Change
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Langlie-Mattix Unit No. 1** Well No. **18** Pool Name, including Formation **Langlie-Mattix** Kind of Lease
State, Federal or Fee **Fee**
Location
Unit Letter **N** ; **660** Feet From The **south** Line and **1980** Feet From The **west**
Line of Section **23** , Township **24-S** Range **37-E** , NMPM, **Les** County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipe Line Corp. (effective 1-15-65) Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1598, Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1384, Jal, New Mexico
If well produces oil or liquids, give location of tanks. Unit **D** Sec. **23** Twp. **24-S** Rge. **37-E** Is gas actually connected? **Yes** When **1-1-64**

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'ty. Diff. Res'ty.
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

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.
Original Signature **R. A. Lowery** (Signature)
Acting Division Production Superintendent (Title)
1-18-65 (Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19_____
BY **James P. Ramey**
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.

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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)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Shell Oil Company				Lease Langlie-Mattix Unit No. 1		Well No. 23-14	
Unit Letter N	Section 23	Township 24S	Range 37E	County Lea			
Pool Langlie-Mattix				Kind of Lease (State, Fed, Fee) Fee			
If well produces oil or condensate give location of tanks			Unit Letter N	Section 23	Township 24S	Range 37E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company				Address (give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> El Paso Natural Gas Company			Date Connected 1-1-64	Address (give address to which approved copy of this form is to be sent) P. O. Box 1384, Jal, New Mexico 88252			

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

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

- | | | | |
|-----------------------------------|--------------------------|---------------------------|--------------------------|
| New Well | <input type="checkbox"/> | Change in Ownership | <input type="checkbox"/> |
| Change in Transporter (check one) | | Other (explain below) | |
| Oil | <input type="checkbox"/> | Dry Gas | <input type="checkbox"/> |
| Casing head gas . | <input type="checkbox"/> | Condensate .. | <input type="checkbox"/> |

Remarks

Change of Lease Name & Well No.
From: Plains Knight # 2
To: Langlie-Mattix Unit No. 1 #23-14
Effective: January 1, 1965

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

Executed this the 15th day of December, 19 64.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Original Signed By

R. A. Lowery

Title

Acting Division Production Superintendent

Company

Shell Oil Company

Address

P. O. Box 1858, Roswell, New Mexico 88201