11° 1 °	GTATE OF NEW MEXICO IGY AND MINERALS DEPARTMENT						Form C-104 Revised 10		
ſ						RECEIVED			
	SANTA FE, NEW MEXICO 87501								
	V 8.0.3.	REQUEST FOR A					MAR 1 6 1983		
	TRANSPORTER OIL V)			O. C. D.			
:	PRONATION OFFICE	AUTHORIZATION TO TRANSPORT				I OIL AND NATURAL GAS		ARTESIA, OFFICE	
	J. Cleo Thompson								
ſ	4500 Republic Bank Tower, Dallas, Texas 75201								
	Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of:								
	New Well Accompletion		Dry Gas	日					
	Change in Ownership	Casinghead Gas	Condenso	<u>•••</u>]					
1	If change of ownership give name and address of previous owner								
٦.	i wall Ma i Deal Name/Jacinding / ormation							Lease No.	
	Lease Name Langford 1 Grayburg-San And				5	State, Federal	of Foo		
	Location Unit Letter M : 652 Feet From The Boreth Line and 660 Feet From The To est								
	Line of Section 9 T. M	P	ige	29E	, NMPM,	Ed	dy	County	
	DESIGNATION OF TRANSPORT	ER OF OUL AND NATUR	AL GAS						
Ι.	Nome of Authorized Transporter of Cil	w or Condensate		1120.000			ed copy of this form is t		
	Navajo Crude Oil Purchasing CO. Name of Authorized Transporter of Casinghead Gas of Dry Gas			P. O. Box 175, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)			a be sentj		
	N/A	Unit Sec. Twp. F	Rge.	ls gas ac	tually connected	1? Whe	n		
	If well produces oil or liquids, give location of tarks. M 9 18 29 If this production is commingled with that from any other lease or pool, give commingling order number:								
·'.	If this production is commingled with COMPLETION DATA			New Well		Deepen	Plug Back Same Res	'v. Diff. Res'y.	
	Designate Type of Completion	011	1			1	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.		Total De	opth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/	'Gas Pay		Tubing Depth		
	Perforations				<u> </u>		Depth Casing Shoe		
	TUBING, CASING, AND						SACKS CE	AFNT	
	HOLE SIZE	CASING & TUBING 51	ZE		DEPTH SE	T	34043 001		
	· · · · · · · · · · · · · · · · · · ·								
7	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)								
	OIL WELL Date First New Oil Run To Tanks Date of Test			Producing Method (Flow, pump, gas lij			(t, etc.)		
	Length of Tuel	Tubing Pressure		Casing	Pressure		Choke Size		
	Actual Prod. During Test	Oll-Bbls.		Water-E	3ble.		Gas-MCF		
						•			
	GAS WELL			Bbla. Condensate/MMCF		F	Gravity of Condensate		
	Actual Prod. Test-MCF/D				Pressue (Shut-		Chote Size		
	Teening Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing					
I	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. <u>Aatherine</u> <u>Agent</u> <u>(Signature)</u> <u>Agent</u> <u>(Dure)</u>			APPROVED					
				·BY	BY Leslie A. Clements TITLE Supervisor District II				
						the filed in	compliance with mUI	E 1104.	
					This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation.				
				tests taken on the well in accordant All sections of this form must b able on new and recompleted wells. Fill out only Sections I, II, II because or number, or transporter, or					
							. or and MI for th	LOUDS OF OWNE	
					Separate Forma C-104 must be filed for each poel in multipy completed wells.				