NO. OF COPIES RECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

H	FILE		AND	Ellective 1-1-03						
+	U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA	AS						
	LAND OFFICE									
	TRANSPORTER GAS									
t	OPERATOR									
$\Gamma$	PRORATION OFFICE									
Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company										
Γ	Address	v 99270								
-	P.O. Box 1710, Hobbs, N. Reason(s) for filing (Check proper box)	M. 88240	Other (Please explain)							
ı	New Well	Change in Transporter of:	Connect Low Press	Gas Eff: 10-22-79						
	Recompletion	Oil Dry Gas								
L	Change in Ownership	Casinghead Gas Condensa								
I	If change of ownership give name and address of previous owner									
i. 1	DESCRIPTION OF WELL AND LI	EASE Dual w/ Langley Well No.   Pool Name, Including Form	Ellenhurger Gas	Lease No.						
Ī	Lease Name	1 Langley Devonian	State, Federal	or Fee Fee						
}	Langley Boren Com.   Langley Devonian Gas									
	Unit Letter H; 1780	Feet From The North Line	and 660 Feet From T	he <u>East</u>						
١	Line of Section 20 Town	ship 22S Range 36E	, NMPM,	Lea County						
Į	Line of Section 20									
I.	DESIGNATION OF TRANSPORTI	or Condensate X	Address (Give address to which approv	ed copy of this form is to be sent)						
	Name of Authorized Transporter of Oil		P.O. Per 1102 Hougton	ту 77001						
	The Permian Corporation		Address (Give address to which approv P.O. Box 1384, Jal, N.1	ea copy of this form is to be some						
	El Paso Natural Gas Co.	HP&LP	P O Box 1589. Tulsa.	Okla.						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	" EPNGCO. 8-9-79 WPCO. 10-11-79 HP						
	give location of tanks.	H 20 22S 36E	Yes	10-22-79 LP						
	If this production is commingled with	that from any other lease or pool, g		Date Date Date						
V.	COMPLETION DATA	Oli Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.						
	Designate Type of Completion		Tead Doubh	P.B.T.D.						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
				Depth Casing Shoe						
	Perforations									
	TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS		SACKS CEMENT								
<b>3</b> 7	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil	and must be equal to or exceed top allow-						
Ψ.	OII. WELL									
	Date First New Oil Run To Tanks	Date of Test								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
	Egildings		Water-Bbls.	Gas-MCF						
	Actual Prod. During Test	Oil-Bbls.	Wdiet - Bhis.							
	GAS WELL			Gravity of Condensate						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
	Testing Method (pitot, back pr.)	Tubing Product Court								
W	L CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION 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								
		Orig. Signed 🕍								
		Dist 1, Supp.								
		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.							
Engrg. Tech. Spec.										
						•	ice)	ii a se see and tot for changes of owner,		
		10-23-79 (Date)				Fill out only Sections I. II. lill and vision change of condition. well name or number, or transporter, or other such change of condition.				