DISTRIBUTION SANTA FE FILE	REQUEST	ONSERVATION COMMISS. FOR ALLOWABLE AND NSPORT OIL AND NATURAL GAS	Foim C+104 Supersedes Old C+104 and C+11 Effective 1+1+65
LAND OFFICE IRANSPORTER OIL OPERATOR PROPATION OFFICE			
Anadarko Petroleum Cor	poration		
Address P. O. Box 2497, Midlan Reoson(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of: Cil Dry Ga Casinghead Gas Conder		985
and address of previous owner	Anadarko Produccion com	Jany, 1. 0. 200 200	
I. DESCRIPTION OF WELL AND Lease Name LMPSU Tract 5B Location Unit Letter0 ; 661	2 Langlie-Mattix	K SR, Qn, Grbg State, Federal cr	Each
	waship 22S Range	37E . NMPM, Lea	County
I. DESIGNATION OF TRANSPOR Nerre of Authorized Transporter of Of Shell Pipeline Company Texas-New Mexico Pipel Nerre of Authorized Transporter of Co 	ine Company	Address (Give address to which approved P. O. Box 1910, Midland P. O. Box 60028, San An Address (Give address to which approved P. O. Box 3000, Tulsa, Is gas actually connected?	, lexas 79701 gelo, Texas 76906 copy of this form is to be sent)
If well produces oil or liquida, give location of tanks.	O 21 22S 37E	yes	
If this production is commingled w V. COMPLETION DATA	ith that from any other lease or pool,	New Well Workover Deepen F	lug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	ion – (X)		.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ull/Gas Pay	
Pertorations			Depth Casing Shoe
HOLESIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
			I the sound to or exceed top allow
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil and epth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	
Date First New Cil Run To Tanks	Date of Test		Choke Size
Length of Test	Tubing Pressure	Casing Preseure	
Actual Fred. During Test	Cil-Bbls.	Water-Bble.	Gas+MCF
GAS WELL Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Kethod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	NCE	AUG 2 1 19	ION COMMISSION
T. CERTIFICATE OF COMPLIA		APPROVED	
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 beat of my knowledge and belief.			
Sr. Administr	rative Specialist	This form is to be filed in co- If this is a request for allows well, this form must be accompani- tests taken on the well in accord All sections of this form must able on new and secompleted well	ble for a newly drined of the deviation ed by a tabulation of the deviation ance with RULE 111. : be filled out completely for allow a.
	22, 1985 Duiej		for other such change of condition be filled for each pool in multipl



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