DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
OIL				
GAS				
OPERATOR				
	OIL	OIL		

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	L GAS		
	IRANSPORTER OIL					
	GAS					
	OPERATOR OFFICE	4	•			
1.	PRORATION OFFICE Operator					
	Address BOX 460 Hebbs, New Mexic; 58240  Reason(s) for filing (Check proper box)  Other (Please explain)					
	BOX 460, L	tobbs. New mexic:	88240			
		,	Other (Please explain)	The second of the second		
	New Well Change in Transporter of:  Recompletion  Oil V Dry Gas Completion of Personaueut facilities.					
	Change in Transporter of:  Change in Transporter of:  Change in Transporter of:  Completion  Change in Transporter of:  Completion  Completion  Change in Ownership  Change in Transporter of:  Completion  Completion  Completion  Completion  Change in Transporter of:  Completion  Change in Transporter of:  Completion  Completion  Change in Transporter of:  Completion  Change in Ownership  Change in Transporter of:  Completion  Completion  Change in Ownership  Change in Transporter of:  Completion  Completion  Change in Ownership  Change in Transporter of:  Completion  Change in Transporter of:  Completion  Completion  Change in Transporter of:  Completion  Change in Transporter of:  Completion  Completion  Change in Tr					
		Colide	LANGLE Lyn	i Queen Unit BThy 3		
	If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·		
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Weil No. Pool Name, Including F	ormation Kind of L	ease Lease No.		
	LANGlic Lynd Queen U.	vit 4 LANGlie MARI	TX TRURS State, Fee	deral or Fee		
Location						
		50 Feet From The South Lir	_	om The West		
	Line of Section 23 To	waship 235 Range	36-E, NMPM,	Lea County		
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Cil			proved copy of this form is to be sent;		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	BOX 3119, Midla	A TEXAS 79701  proved copy of this form is so be sent,		
	Plill'as fate la	P S Or Dry Gas				
	Phillips Pet Roleym If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	15. Odessa Texas		
	give location of tanks.	M 23 23 36	425	NA		
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
	Designate Type of Completic	on $-(X)$ Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Flesty, Diri. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
			76.4. 56.1	F.B.1.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations	1				
	Depth Casing Shoe					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	<b></b>					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total valume of load	oil and must be equal to or exceed top align.		
	OIL WELL Date First New OL Run To Tanks		pth or be for full 24 hours)			
	Date First New Oil Hun .o .anks	Date of Pest	Producing Method (Flow, pump, ga.	s lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
		L				
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensats		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Court Brown (Ship)			
	reading marked (phot, back pro)	t dought blessme (SURE-IN)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSER	VATION COMMISSION		
				AFR 11 1975		
	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 Original 19			
			Joe D. Raman			
			Dist. L. Supe			
	. •					
S. Dillierio (Signature)			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	(Signa	itwe)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with KULE 111.  All sections of this form must be filled out completely for silowable on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			
	Denut Steff Re	sectent 101				
	<u>4-9</u>	(4)				
,	moce (5) facthecs \$1	•••	Separate Forms C-104 m	ust be filed for each pool in multiply		
Λ	INDOCCEDIPHEINESSI	777 C-	(, completed wells.			