		e de la companya de
NO. OF COPIES RECEIVED		
DISTRIBUTION		Form C-103
SANTA FE	NEW MEXICO OU COMPTENS	Supersedes Old
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
U.S.G.3.		
LAND OFFICE		So Indiana o
OPERATOR	•	5a. Indicate Type of Lease
J. ZIVATOR		State Fee
·		5. State Oil & Gas Lease No.
SLINDRY	OTICES AND DES	<u>B-1506</u>
T TYMING AND A BENT SEU TER OOF A CONTROL SEU SEU	OTICES AND REPORTS ON WELLS	minimin
	CR PERMIT - (FORM C-10!) FOR SUCH PROPOSALS.)	
OIL GAS		
	THER. IN I.	7. Unit Agreement Name
		NMFU
CONOCO INC.		8. Farm or Lease Name
Address of Operator		LANGLIE LYNN QUEEN
P. O. Box 460, Hobbs, N.M. 8	20.00	9. Well No.
Location of Well	3240 - 3	Unit
UNIT LETTER 198	O FEET FROM THE South LINE AND 660 FEET P	10. Fleid and Pool, or Wildeat
	LINE AND 660 FEET	ROM LANGLIE MATTIX TRURS QUN
THE West	23	THE PROPERTY OF THE PARTY OF TH
LINE, SECTION	23 TOWNSHIP 23 S RANGE 36 E NA	
mmmmmmmmmmm		X////////////////////////////////
	15. Elevation (Show whether DF, RT, GR, etc.)	- minimitalli
· · · · · · · · · · · · · · · · · · ·		12. County
Check Anne	opriate Box To Indicate Nature of Notice, Report or	LEA
NOTICE OF INTEN	Tion	Other Data
MATTER STATES	TION TO:	ENT REPORT OF:
ERFORM REMEDIAL WORK	70832408	IN I REPORT OF:
	PLUG AND ABANDON REMEDIAL WORK	
EMPORARILY ABANDON		ALTERING CASING
JLL OR ALTER CASING	CHANGE PLANS	PLUG AND ABANDONMENT
	CASING TEST AND CEMENT JOB	
OTHER	OTHER CSG. Jeak su	riveir
Describe Proposed or Completed Operation	s (Clearly state all pertinent details, and give pertinent dates, includ	
WORN, SEE RULE 1 103.	, state att pertinent details, and give pertinent dates, include	ing estimated date of stand
		starting any proposed
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_	——————————————————————————————————————	·
Csq. leak summe.	Determinant of the terminant	
. The survey	performed on subject well 8/6/80, with us surface Survey with us	alors being dun un
and tagged at	surface. Survey witnessed by Tony Platts	rives being any up
	MITAESSED BY long Platts	mier of NM OCD.
iereby certify that the information above to	true and complete to the best of my knowledge and belief.	
marroit #0046 13	true and complete to the best of my knowledge and belief.	
1/0-1	. //	The second of th
wuld. Deall inter	Chi a land	
	THE ADMINISTRATIVE SUPERVISOR	DATE 8/20/80

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ſ	NO. OF COPIES RECEIVED							
T	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C -104				
	SANTA FE		FOR ALLOWABLE	Supersenes Old C+104 and C+116				
1	FILE		AND	Effective 1-1-65				
-	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	GAS				
-	LAND OFFICE							
1	TRANSPORTER OIL GAS							
}	OPERATOR							
	PROPATION OFFICE							
1.	Cperator							
Į	Conoco Inc.							
	dutess							
ļ		Hobbs, New Mexico 8824						
	Reasons) for tiling (Check proper box)	Change in Transporter of:	Other (Please explain)					
	New Well Recompletion	Oil Dry Gas	Change of corpor	Company effective				
	Change in Conership	Casinghead Gas Conden		company effective				
ı			23. 332. 1, 13., 1					
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND I	EASE. Well No. Poc. Name, Including Fo	ormation Kind of Lease	9				
	Lease Name		State Federa	7				
:	Location Chit	3 Langlie Mattix	ITYTS. (JUCEN :					
		80 Feet From The 5 Line	e and 660 Feet From	The W				
	Unit Letter;1	_	e andreet rioin	The O O				
	Line of Section 23 Tow	mship 23-5 Rance	36-/= , NMPM,	lea County				
			0 1	1				
Ш.		ER OF OIL AND NATURAL GA	S Address (Give oddress to which appro-	ved copy of this form is to be sent;				
	Name of Authorized Transporter of Cil	or Condensate	1/1/1/					
	Name of Authorized Transporter of Car	ingneda Gal P or Dry Gas T.	Address (Give address to which appro	ved copy of this form is to be sent,				
	0111	Rum Co.	Desse Terri	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Vinit Sec. Twp. Age.	Is gas actually connected? Wh	en				
	If well produces oil or liquids, give location of tanks.		1					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:					
	COMPLETION DATA	f this production is commingled with that from any other lease or pool, give comminging order number: COMPLETION DATA						
	Designate Type of Completic	$\operatorname{on} - (X)$ Off Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.				
	Date Spugged	Date Compi. Ready to Prog.	Total Depth	P.S.T.D.				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Ctl./Gas Pay	Tubing Depth				
	Perforations			Depth Casing Snce				
			CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
		!		!				
				i				
		<u> </u>	 	1				
v	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-							
• •	OIL WELL	able for this de	pth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	iji, etc.j				
		Tubing Pressure	Casing Pressure	i Choke Size				
	Length of Test	I doing Preseure	Cusing Pressure	0.022 5.02				
	Actual Prod. During Test	+ Oil - Bbis.	Water-Bb.s.	Gas-MCF				
	1							
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
		Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choxe Size				
	Testing Method (pitot, back pr.)	. abing France of Bunc-In						
.,.	CENTIFICATE OF COURT	CF	OIL CONSERV	ATION COMMISSION				
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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	2.(11 979 . 19				
			1 1/2/2012	liklan				
			BY	and and				
			TITLE District Sup					
	SIM		This form is to be filed in	compliance with RULE 1104.				
	11 11 1111 1	2/1/1	40	استحجماله مماسية المناور في المناسب				

Division Manager

USSISCO) PARTNERS

FILE

NMOCD (5)

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 only Sections I. II. III, and VI 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

Mar UP (Contra Merculon) DISTRIBUTION SANTA FE H.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

Ľ	FILE		AND	2.156.11.03				
L	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL	GAS				
	LAND OFFICE							
	TRANSPORTER OIL							
L	GAS							
Г	OPERATOR							
. [PRORATION OFFICE							
3	Operator							
	CONTINENTAL	- O.L Comp	pru					
7	BOX 460, Hopks, New mexic: 88240							
	DOX 460, Hibbs, New MEXK: 88240							
Π	Reason(s) for filing (Check proper box)	,	Other (Please explain)	Four preter pending				
:	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Oil Dry Gas Completion Casinghead Gas Condensate LAughe Lynn Guern Whit Brky S Change in Ownership Casinghead Gas Condensate Laughe Lynn Guern Whit Brky S Condensate Laughe Lynn Guern Whit Brky S Condensate Lynn Guern Whit Brky S Condensate Lynn Guern Whit Brky S Condensate Conden							
1	Recompletion	Oil Dry Gas	Enguye IN leas	se Hame. Formerly				
L	Change in Ownership	Casinghead Gas Conden	sate LANGLE Lyne	1 Queen Unit BILY -				
_			• •	,				
	change of ownership give name nd address of previous owner							
_								
	DESCRIPTION OF WELL AND LEASE							
,	Lease Name	Well No. Pool Name, including Fo	1	i —				
را	Anglie Lund ageen Unit 3 Langlie MATTIX TRURS State, Federal or Fea							
r	Location	·		1100-				
	Unit Letter L : 198	D Feet From The Sauth Line	e and <u>660</u> Feet From	n The West				
		_	_	1				
	Line of Section 3 Town	nship 23~5 Range	36-E , NMPM,	Lea Count				
_								
1. I	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S					
٦	Name of Authorized Transporter of Ci.	or Condensate	Address (Give address to which approved copy of this form is to be sent,					
1.	PERMIAN COLFORATION Name of Authorized Transporter of Casi		Box 3119, Midland, TEXAS 79701 Address (Give address to which approved copy of this form is to be sent)					
H	Name of Authorized Transporter of Cast	inghead Gas 🔀 - or Dry Gas 🗀	Address (Give address to which app.	roved copy of this form is to be sent;				
	Phillips Pet Roleum	P &	9 Floir Phillies Bld	5. OdesSA TEXAS				
ŀ	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	vhén –				
	give location of tanks.	m 23 23 36	405	NA				
L	f this production is commingled with	t that from new other lease or need						
	f this production is commingled with COMPLETION DATA	n that from any other lease of pool,	give comminging order nameer					
۲.۲		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Re				
- 1	Designate Type of Completion	$\mathbf{n} = (\mathbf{X})$						
- 1	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
-	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
1	Perforations			Depth Casing Shoe				
ı								
ļ		TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
Ì								
1								
}								
ľ		l i						
v	TEST DATA AND REQUEST FO	OR ALLOWABLE. (Test must be a	fter recovery of total volume of load of	oil and must be equal to or exceed top a				
	OIL WELL	able for this de	epth or be for full 24 hours)					
	Date First New Ct. Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)				
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
į								
İ	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF				
į								
ı								
	GAS WELL		·					
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
1								
i	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
 	OPPORTUGATE OF COMPLIANT	CF	OIL CONSERVATION COMMISSION					
¥1.	CERTIFICATE OF COMPLIANCE		il					
			APPROVED	, 19				
	Chamicales have been compiled to	ereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given		Jee D. Ramer				
above is true and complete to the best of my k		best of my knowledge and belief.	BY	Dist				
			TITLE					
	B. Dilleger	-	This form is to be filed	in compliance with RULE 1104.				
	W. Delluga		If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation					
	1Sian		Well this form must be accor	mpanied by a teculation of the devi-				

Server Staff Assected

15 (Signature)

15 (Signature)

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tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for ellowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

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