		· · · · · · · · · · · · · · · · · · ·							
NO. OF COPIES RECEIVED			Form C -104						
SANTA FE	REQUEST F	NSERVATION COMMISSION	Supersedes Old C-104 and C-110						
FILE		AND OF AND WATERAL G	Effective 1-1-65						
U.S.G.S.	AUTHORIZATION TO TRAN	AS							
	•								
GAS		**							
I. PRORATION OFFICE									
	Wood, McShane & Thams - Colorado								
Address P. O. Box 968	Monahans, Texas 7	79756							
Reason(s) for filing (Check proper box)		Other (Please explain)							
New Well	Change in Transporter of: Oil Dry Gas								
Recompletion Change in Ownership	Casinghead Gas Condens								
If change of ownership give name	Humble Oil & Refinin	ng Company Box 1	600, Midland, Texas						
and address of previous owner									
II. DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including For	rmation Kind of Lease	-						
New Mexico M State	8 Langlie Ma		cr Fee State B-934						
Location T 10	80 Feet From The South Line	and 660 Feet From T	he East						
		7-E Lea	County						
Line of Section 18 Tow	nship ZZ-G Range	, NMPM, LCC	County						
III. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approv	red conv of this form is to be sent)						
Name of Authorized Transporter of Oil Texas New Mexico	A or Condensate Pipe Line Company	Box 1510, Midland,	Texas						
Name of Authorized Transporter of Cas	Inghead Gas 🚺 or Dry Gas 🔤	Address (Give address to which approv	ed copy of this form is to be sent)						
Skelly 011 Company	Unit Sec. Twp. Ege.	Eunice, New Mexico							
If well produces oil or liquids, give location of tanks.	C 29 22-S 37-E	Yes	5-28-61						
If this production is commingled wit	h that from any other lease or pool, g	give commingling order number:							
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.						
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Date Spudded	Date Compl. Heady to From								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Perforations			Depth Casing Shoe						
		CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
		<u> </u>	i i i i i i i i i i i i i i i i i i i						
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be aj able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-						
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)						
Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
	Oil - Bbls.	Water - Bbis.	Gas - MCF						
Actual Prod. During Test									
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
Testind Meruod (hitor) pres hit									
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	1969						
I berefy certify that the rules and	regulations of the Oil Conservation	APPROVED, 19,							
	with and that the information given e best of my knowledge and belief.	The the concerness of the concernes of the concernes of the concerness of the concer							
		TITLE SUPERVISOR DIS							
and the second	· at a	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 allow-							
12 VAA	nie March								
	ature)								
Partner (T	itle)	his on new and recompleted w	/ 6 11 8 •						
December 17, 1969	ate)	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.							
ען	/	Separate Forms C-104 mu completed wells.	at be filed for each pool in multiply						

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1.									
	NO. DE CODIES RECEIVED	<u>-ر (</u>							
	DISTRIBUTION			Lorm C-104					
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110					
	FILE U.S.G.S.		AND	C. C. Dective 1-1-65					
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT DIL AND NATURAL	GAS					
	IRANSPORTER OIL	1 (20)	· · · · · · ·						
	GAS								
	OPERATOR PRORATION OFFICE								
Ι.	Construction of Field								
	Humble Oil & Refin	ing Company	· · · · · · · · · · · · · · · · · · ·						
	Atires	dland There							
	P. O. Box 1600, Mic Reason(s) for filing (Check proper box		Other (Please explain)						
	thew Well Change in Transporter of: Change Pool Name from Arrowhead Grayburg								
	Herompletion	Ofl Dry Go		even Rivers Queen					
	"hunge in Ownership	Casinghead Gas Conder	nsate						
	If change of ownership give name and address of previous owner								
	and address of previous owner								
U.	DESCRIPTION OF WELL AND	LEASE	me, Including Fermation	Kind of Lease					
	New Mexico M State		ie Mattix Seven Rivers	State, Federal or Fee State					
	Location		Queen						
	Unit Letter I 1,	980 Feet From The South Lin	e and <u>660</u> Feet From	n The east					
			787	-					
	Line of Certica 18 , To	wnship 225 Range	37E , NMPN,	Lea County					
Ш.		TER OF OIL AND NATURAL GA	S						
	Name of Authorized Transporter of Oil			oved copy of this form is to be sent)					
	Texas-New Mexico Pipe L: Nume of Authorized Transporter of Ca		Box 1510, Midland, Tex	as oved copy of this form is to be sent)					
	Skelly Oil Company		Box 1135, Eunice, New						
	If well produces of or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen					
	give location of tanks, Will be -	C 29 225 37E	Yes	1944					
		th that from any other lease or pool,	give commingling order numberWi	ll be all Langlie Mattix					
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Pack Same Resty, Diff. Resty.					
	Designate Type of Completion	<u></u>	1 I I I I I I I I I I I I I I I I I I I						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Fool	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth ••					
	Perforations			Depth Casing Shoe					
		TUBING, CASING, AND	CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
v.		OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-					
	OIL, WELL Fate First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCl					
	<u> </u>		.k						
	GAS WELL	Length of Test							
	Actual Prod. Test-MCT/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size					
			ļ						
V1.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION						
	I hereby certify that the rules and t	populations of the Oil Component:	APPROVED	, 19					
	Commission have been complied w	with and that the information given	 						
	above is true and complete to the	best of my knowledge and belief.	BY						
			TITLE						
	A Y ID		This form is to be filed in compliance with RULE 1104.						
	N. J. Ulemm	LV D. L. Clemmer	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						
	Agent		tests taken on the well in accordance with RULE 111.						
		le)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.						
	3-10-67		Fill out Sections 1, II, III	l, and VI only for changes of owner, rter, or other such change of condition.					
	(Da	11°)	-) were name or number, or transpo	requirements outristic or conditions					

	wen	name or	number,	or trai	spore	- 19 CA	orner	aut	ai cuo	inge o		
		Separate	Forms	C-104	must	he	filed	for	each	bool	in	multiply