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L	NO. OF COPIES RECEIVED				N
Ļ	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	No.	Form C-104
L	SANTA FE	REQUEST I	FOR ALLOWABLE	(M 10	Supersedes Old C-104 and C-110 Effective 1-1-65
-	FILE		AND	*****	
}	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATU	RAL GAS	₽
- 1	LAND OFFICE			12.5	_1
	TRANSPORTER GAS				בין
ŀ	OPERATOR				<u>.</u>
. }	PRORATION OFFICE			× 1 =	
1.	Operator				
	ANADARKO PRODUCTION COMPANY				
ŀ	Address				
l	P. O. Box 9317, FORT WORTH, TEXAS				
- 1	Reason(s) for filing (Check proper box)		Other (Please explai	(n)	THE THE STATE OF THE
İ	New Well	Change in Transporter of:	FORMERLY WI	LL CARY L	ASE" PEACED IN
1	Recompletion	OII Dry Gas	- Ic 7		SAND UNIT,
l	Change in Ownership	Casinghead Gas Conden	sate CIVE /-	1-09.	
1	If change of ownership give name				
	and address of previous owner				
		T A GIP			
11.	DESCRIPTION OF WELL AND I Legse Name Langlie-Mattix	Well No. Pool Name, Including Fo	ormation Kind o	of Lease	Lease No.
		O I LANGLIE-MA	XXXXX	(XXXXXX F ••	ļ
	PENROSE SAND UNIT TR. I	O T T EXHAULTE IN			
	Unit Letter 1 : 660	Feet From The E Lin	e and 1980 Fee	t From The	S
	Unit Letter; OOU	reet From the	o dia		
	Line of Section 2 Tow	mahip 22S Range	37E , NMPM,		LEA County
,					
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to whic		
	SHELL PIPE LINE CORPORATION		Box 1509	Box 1509 MIDLAND, TEXAS	
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give address to which approved copy of this form is to be sent)	
	SKELLY OIL COMPANY		Box 1135 Is gas actually connected?		, NEW MEXICO
	If well produces oil or liquids,	Unit Sec. Twp. Age.		EFFECTIV	E JANUARY 31, 1977,
	give location of tanks.	1 21 22S 37E	YES	SKELLY (OIL COMPANY MERGE
	If this production is commingled wit	h that from any other lease or pool,	give commingling order numb	er INTO GE	TTY OIL COMPANY.
IV.	COMPLETION DATA	Oll Well Cas Well	New Well Workover Des	epen Plug B	ack Same Res'v. Diff. Res'v.
IV.	Designate Type of Completion		New Well Workover Dee		ack Same Res'v. Diff. Res'v.
IV.			New Well Workover Dee		
IV.	Designate Type of Completio	on – (X)	1 1	epen Plug B	
IV.	Designate Type of Completio	on – (X)	1 1	P.B.T	
IV.	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T	D. Depth
IV.	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T	.D.
IV.	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T	D. Depth
IV.	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, ANI	Total Depth Top Oil/Gas Pay CEMENTING RECORD	P.B.T	D. Depth Casing Shoe
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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 completed wells.

J. N. CHAFFIN PRODUCTION RECORDS

JULY 14, 1969

SUPERVISOR

(Title)

(Date)