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TRANSPORTER	OIL	
	GAS	
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## NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST **HOBBS OFFICE 2.6.63**

AND

AUTHORIZATION TO TRANSPORT **HOBBS OFFICE 2.6.63** OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

**U.S. DEPT. OF THE INTERIOR**

Operator		<b>ANADARKO PRODUCTION COMPANY</b>	
Address		<b>P. O. Box 247, Hobbs, New Mexico</b>	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	<b>Formerly reported as Texas-Pacific Oil Co. Elliott B-29. Committed to LMPSU effective 10/1/66.</b>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner

**Texas Pacific Oil Company, P. O. Box 1688, Hobbs, New Mexico**

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	<b>Langlie Mattix Penrose Sand Unit - Tract No. 39</b>	Well No.	<b>1</b>	Pool Name, including Formation	<b>Langlie Mattix - Queen</b>	Kind of Lease	<b>XXX, Federal XXXX</b>
Location	Unit Letter <b>P</b> ; <b>980</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>East</b> Line of Section <b>29</b> , Township <b>22 South</b> Range <b>37 East</b> , NMPM, <b>Lea</b> County						

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Texas-New Mexico Pipe Line Company</b>	<b>P. O. Box 1510, Midland, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Skelly Oil Company</b>	<b>P. O. Box 1135, Eunice, New Mexico</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>P</b> Sec. <b>29</b> Twp. <b>22S</b> Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b> When <b>Not Available</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.**

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	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-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

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.

**M.F. Nelson-District Superintendent****November 10, 1966**

## OIL CONSERVATION COMMISSION

APPROVED

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TITLE

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 allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multiple completed wells.