

NAME OF COMPANY	
LOCATION	
CITY	
STATE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form O-104
Supersedes Old O-104 and O-110
Effective 1-1-65

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

HOBBS OFFICE O. C. C.
JAN 10 8 27 AM '66

ILLEGIBLE

Company Name	
20000 Hobbs, New Mexico	
Reason for filling out (check proper box)	Other (Please Specify)
Change in Transporter of	Change in Lease and Well Designation
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DISPOSITION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Incidence, Formation	Kind of Lease
661	6	Langlie 1966	State, Federal or Fee Federal
Location			
Section 661	Feet From The North	Line and 1966	From The East
Range 36	Township 23	Range 36	County

III. 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 a copy of this form is to be sent)
El Paso Natural Gas Company	Box 1510, Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which a copy of this form is to be sent)
Phillips Petroleum Co.	Box 1100, Hobbs, New Mexico
If well produces oil or liquid, give location of tanks	Is gas actually connected? When
Unit Sec. Twp. Rge.	
12 23 36	6-21-62

If this production is commingled with that from any other lease or pool, give commingling number

IV. COMPLETION RECORD

Designate Type of Completion - (A)	Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Started	Date Compl. Ready to Prod.	Total Depth	Feet				
Name	Name of Producing Formation	Top Oil/Gas Pay	Total Depth				
Perforations	Depth - casing shoe						
TUBING, Casing AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
Form 1-12 No. 6, re-designation effective 1966.							

V. TEST DATA REQUEST FOR ALLOWABLE OIL WELL

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

Date Started (Flow To Tanks)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Test Flowing Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

Gas Well	Length of Test	Kind, Condensate/Water	Kind of Condensate
Testing Pressure	Casing Pressure	Choke Size	

VI. CERTIFICATION OF COMPLETION

I, the undersigned, certify that the information given above is true and correct to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED BY
TITLE Engineer

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 conditions.
Form O-104 must be filed for each pool in multiple.

Signature
Date
Hobbs-3, 11 Ros-2, Calif