	CISTRIBUTION · · · · · · · · · · · · · · · · · · ·		DISERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
	IRANSPORTER OIL						
	GAS OPERATOR						
1.	PRORATION OFFICE						
	SUN TEXAS CO	MPANY					
	P. 0. Box 40	Address P. O. Box 4067 Midland, Texas 79704					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)				
	Recompletion Change in Ownership X	Oll Dry Gas Casinghead Gas Conden					
	If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COMPA	NY, INC. P. 0. Box 406'	7 Midland, TX, 79704			
п.	DESCRIPTION OF WELL AND I	EASE	struction Kind of Lease	Lease No.			
		I Well No. Pool Name, Including ro					
	Location // C	33 Ja/mat The Feet From The <u>north</u> Line	GAS 1650 Enterna	west			
	Unit Letter F; 1050			/			
	Line of Section /5 Tow	mship 23-5 Range	26-E, NMPM, 2	_County_			
11.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)			
	Nana		Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Cas El Paso Natur		Jal N. M. 82 Is gas actually connected? Whe	1			
	If well produces oil or liquida,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n			
	give location of tanks.	h that from any other lease or pool,		ł			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	n - (X) i Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spuddød			Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				
	Perforations	Perforations Depth Casing Shoe					
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo- able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas + MCF			
				J			
	GAS WELL	12.1	Bbls, Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test		Choke Size			
	Testing Method (pitot, back pr.)	Tubing Fressure (Shnt-in)	Casing Pressure (Shut-in)				
VI.	CERTIFICATE OF COMPLIAN	CE	11	TION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED				
			APPROVED, 19 BYleary Section				
	(Englin		This form is to be filed in c	whin for a newly drilled or deepened			
	(Signature)		well, this form must be accompany to the taken on the well in accor	dence with RULE 111.			
	Regional Operations Superintendent/West		All sections of this form mu	at be filled out completely for allow-			
	SEC 12 3500		Fill out only Sections I, II, III, and VI for changes of owner.				
	(Date)		Separate Forms C-104 must	t be filed for each pool in multiply			
			and the second				

DISTRIBUT					
SANTA FE			ONSERVATION COMMISSIC,	Form C-104 Supersedes Old C-104 and C-110	
FILE				HOBBS: OFFICE OS C. C.3	
U.S.G.S.		AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
I. PRORATION OF	FICE	l			
	FIC OIL COM	PANY			
Address					
P.O. Box	1069 - Hobba	New Mexico			
Reason(s) for filing			Other (Please ex plain) -	DE OPENERIES	
New Well		Change in Transporter of:		Chenny Anna Anna Anna Anna Anna Anna Anna A	
Recompletion	x	Cil Dry Ga	s A DIVICION OF JUSE TO TEXAS FRO	Presidenti Alacia, tro	
Change in Ownersh	¢	Casinghead Gas Conden			
If change of owner	chin give name			CLANARY ST. T. MARCH ST. AND ST. S. MARCH 17977, 201 St. St. St. St.	
and address of pre					
			w/lalmat Vatas Cas		
II. DESCRIPTION	DF WELL AND	Lease No. Well No. Pool Nac	w/Jalmat Yates Gas	Kind of Lease	
State "A"	A/c-1	NM 2A 33 Langl	ie Mattix	State, Federal or Fee State	
Location	<u>ny • </u>				
Unit Letter	F . 165	O Feet From The North Lin	e and 1650 Feet From	n The West	
unt Detter	······································				
Line of Section	15	mship 23-S Range 3	6-E , NMEM, L	County	
·			_		
III. DESIGNATION	OF TRANSPORT	TER OF OIL AND NATURAL GA	S	roved copy of this form is to be sent)	
Texas-New	Transporter of Cas	line Co.	Address (Give address to which app	and, Texas reved copy of this form is to be sent)	
			P.O. Box 6666 - Odes		
	Petroleum Co	Unit Sec. Twp. Rge.		Vhen	
If well produces of give location of tar		N= 15 23 36	Тев	4-12-60	
If this readuction		h that from any other lease or pool,	give commingling order number:		
IV. COMPLETION					
		Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Res'v. Diff. Res'v.	
Designate ly	pe of Completio	• • • • • • • • • • • • • • • • • • • •	Total Depth	P.B.T.D.	
Date Spudded		Date Compl. Ready to Prod.		P.3.1.D.	
		11-7-66 Name of Producing Formation	36991 Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RI	(B, RT, GR, etc.,	-	a construction of the second se	3561*	
3463 GR		7-Rivers Queen	3572*	Depth Casing Shoe	
	-3639-3642-3	6581			
		TUBING, CASING, AND	CEMENTING RECORD		
HOL	ESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
13-3/4"		9-5/8"	3491	300 sks.	
8-3/4"		711	29651	1047 sks.	
		5-1/2" Liner	36991	<u>75 sks</u>	
	D REQUEST F	OR ALLOWABLE (Test must be a oble for this de	fter recovery of total volume of load c opth or be for full 24 hours;	oil and must be equal to or exceed top allow-	
OIL WELL Date First New Oi	Due Te Merico	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
			Pumping		
11-7-6 Length of Test	<u> </u>	11-8-66 Tubing Pressure	Casing Pressure	Choke Size	
24 hr	9	35#	Pkr.	2"	
Actual Prod. Durin		Oll-Bbls.	Water-Bbis.	Gas-MCF	
8		4	<u> </u>	143	
·					
GAS WELL					
Actual Prod. Test	-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Casing Pressure	Choke Size	
Testing Method (p	itot, back pr.)	Tubing Pressure	CdBing Pressure		
VI. CERTIFICATE	. CERTIFICATE OF COMPLIANCE			VATION COMMISSION	
	and the state of a sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-		APPROVED		
Commission have	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 an	d complete to the	e best of my knowledge and belief.	< <u>BY</u>		
			TITLE		
		× 1		n compliance with RULE 1104.	
1	e d)trens	to this is a convect for al	toweble for a newly drilled or deepened	
16 XIC	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
1	Area Superintendent		tests taken on the well in ac	cordance with RULE 111.	
Area	(Title)		All sections of this form able on new and recompleted	must be filled out completely for allow- wells.	
	11-14-66		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.		
		ate /			
	11	arc)		wat he filed for each nool in multiplu	
			Separate Forms C-104 m completed wells.	ust be filed for each pool in multiply	

Distribution Phin C-103 SANTA FE PLLE LAND OFFICE OPERATOR OPERATOR NEW MEXICO OIL CONSERVATION COMMISSIONESS OFFICE LAND OFFICE OPERATOR OPERATOR SUNDRY NOTICES AND REPORTS ON WELLS Low art use twas provide and plant to "Debug Color" was been backbacker. Pin C-103 Low art use twas provide and plant to "Debug Color" was been backbacker. Pin C-103 Low art use twas provide and plant to "Debug Color" was been backbacker. Pin C-103 Low art use twas provide and plant to "Debug Color" was been backbacker. Pin C-103 Low art use twas plant to "Debug And". Pin C-103 Low art use twas plant to "Debug And". Pin C-103 Low art use twas plant to "Debug And". Pin C-103 Low art use twas plant to "Debug And". Pin C-103 Low art use twas plant to "Debug And". Pin C-103 Low art to the debug And to "Debug And". Pin C-103 Low art use twas plant to "Debug And". Pin C-103 Low and to the debug And to "Debug And". Pin C-103 Low and to the debug And to "Debug And". Pin C-103 Low and to the debug And to "Debug And". Pin C-103 Low and to "Debug And"		7		
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Unit of File Inv 15 Inv 15<		NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65	
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 Moved in, rigged up and pulled tubing on Jalmat zone. Drilled out sand & cement 3231-3256*. Drilled out CIEP @ 3256*. Set packer @ 3568*. Swab & flow. Pulled pkr. and re-ran Lock-set pkr. w/l19 jts. 2" tbg. Tbg. set in pkr. @ 3577*. (L.M.) Ran 90 jts. 2" tbg. w/SN @ 2800* on Jalmat zone. Nipple up dual well head. Swab & flow. Placed Langlie Mattix zone on pump. Acidized Langlie Mattix zone with 1500 gal. 15% NE acid. Recovered lead oil and placed well on test. 	OTHER			
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 5. Ran 90 jts. 2" tbg. w/SN @ 2800' on Jalmat zone. 6. Nipple up dual well head. Swab & flow. 7. Placed Langlie Mattix sone on pump. 8. Acidised Langlie Mattix sone with 1500 gal. 15% NE acid. 9. Recovered load oil and placed well on test. . 1 hereby certify that the information above is true and complete to the best of my knowledge and belief. . 1 hereby certify that the information above is true and complete to the best of my knowledge and belief. 				
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 6. Nipple up dual well head. Swab & flow. 7. Placed Langlie Mattix sone on pump. 8. Acidized Langlie Mattix zone with 1500 gal. 15% NE acid. 9. Recovered load cil and placed well on test. . I hereby certify that the information above is true and complete to the best of my knowledge and belief. . THE Area Superintendent DATE 11-8-66 			(MOLIO)	
7. Placed Langlie Mattix sone on pump. 8. Acidized Langlie Mattix sone with 1500 gal. 15% NE acid. 9. Recovered load oil and placed well on test I hereby certify that the information above is true and complete to the best of my knowledge and belief I hereby certify that the information above is true and complete to the best of my knowledge and belief I hereby certify that the information above is true and complete to the best of my knowledge and belief I hereby certify that the information above is true and complete to the best of my knowledge and belief I hereby certify that the information above is true and complete to the best of my knowledge and belief I hereby certify that the information above is true and complete to the best of my knowledge and belief I hereby certify that the information above is true and complete to the best of my knowledge and belief I hereby certify that the information above is true and complete to the best of my knowledge and belief I hereby certify that the information above is true and complete to the best of my knowledge and belief I hereby certify that the information above is true and complete to the best of my knowledge and belief I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
 8. Acidized Langlie Mattix zone with 1500 gal. 15% NE acid. 9. Recovered load oil and placed well on test. . I hereby certify that the information above is true and complete to the best of my knowledge and belief. . TITLE <u>Area Superintendent</u> DATE <u>11-8-66</u> 				
9. Recovered load oil and placed well on test.				
. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	8. Acidized Langlie Mat	tix sone with 1500 gal. 15% NE acid.		
. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	9. Recovered load oil a	and placed well on test.		
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