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ſ	NO. OF COPIES RECEIVED	•				
	DISTRIBUTION	NEW MEYICO OH	CONSERVATION COMMISS	100	6	
† -	SANTA FE		FOR ALLOWABLE	ION	Form C-104 Supercedes Old C-104 and C-11	
	FILE	11240231	AND		Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	AND	TUDAL CAS		
	LAND OFFICE	AS MORIZATION TO TR	AND ON THE AND NA	TURAL GAS		
ĺ	TRANSPORTER OIL					
	GAS	: 1				
1.	PRORATION OFFICE					
1.	Operator					
	Conoco Inc.					
		, Hobbs, New Mexico 383	240			
	Reason(s) for tiling (Check proper box,	,	Other (Please ex	plain)		
	New Well	Change in Transporter of:		corporate		
	Recompletion	OII Dry C			any effective	
	Change in Cwnership	Castnghead Gas Cond	ensate July 1, 1	979.		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Poor Name, including		nd of Lease	Lerse No.	
	Laughe Lynn, Unit	10 Langlie Matti	x PRyrs. Queen st	ate, Federal or Fe	1506	
	Unit Letter M ; 660	Feet From The	ine and <u>660</u>	Feet From The	U	
	Line of Section 23 Tov	waship 23-5 Range	36-E , NMPM,	lea	County	
					<u> </u>	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cit			hich approved cop	y of this form is to be sent;	
	Texas- New Mer	Texas- Now Mexico Pipeline Co Midland, Texas				
	Name of Authorized Transporter of Casing and Cas Corporation Address (Give address to which approved copy of this form is to be sent)					
	Phillips Petrole	CUM CO. EF	FECTIVE Johnson To	1282 When	······································	
	if well produces oil or liquids, give location of tanks.	t in the second	is gas actually connected:	i	-	
	If this production is commingled wis COMPLETION DATA	th that from any other lease or pool	l, give commingling order nu	ımber:		
1 .	Designate Type of Completic	Off Well Gas well	New Well Workover	Deepen Plus	Back Same Resty, Diff. Resty,	
	Designate Type of Completite Date Spraded	Date Compi. Ready to Frod.	Tota, Depth		· · · · · · · · · · · · · · · · · · ·	
	Date opaged	bute Compil Reday to Pica.	Total Depth	P.S.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tub:	ng Depth	
	Perforations			Dept	n Casing Shoe	
			· · · · · · · · · · · · · · · · · · ·			
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	1	SACKS CEMENT	
					174	
		· · · · · · · · · · · · · · · · · · ·	İ			
V.	TEST DATA AND REQUEST FOR OIL WELL	OR ALLOWABLE (Test must be able for this	after recovery of total volume depth or be for full 24 hours)	of load oil and mu	st be equal to or exceed top allow	
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.	· · · · · · · · · · · · · · · · · · ·	
	•					
	Length of Test	Tubing Pressure	Casing Pressure	Chok	e Size	
	Actual Prod. During Test	Cil-Bois.	Water - Sbis.	Gas	MOF	
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav	ity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-is	Choi	e Size	
Ų1	CERTIFICATE OF COURT IAN	C.F.	1 01 60	NEEDVATION	I COMMISSIONI	

BY.

TITLE.

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.

Division Manager

District Supervisor 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 only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

40. DF COPTS REC	Cives			ļ
DISTRIBUTIO	DISTRIBUTION			
SANTA FE	·			
FILE				
u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OF	ICE			l
Address				2
Reason(s) for filling (Check	roper	box1	٠,
New Well				
Recompletion				
Change in Canership				
If change of canership give name and address of previous owner				

NEW MEXICO OIL CONSERVATION COMMISSION

	FILE	REQUES	T FOR ALLOWABLE	Supersedes O	ld C-104 and C-1.	
	U.S.G.S.	ALITHOPIZATION TO TE	AND	Elfective 1-1	65	
	LAND OFFICE	AUTHORIZATION TO TH	RANSPORT OIL AND NATURA	AL GAS		
	TRANSPORTER OIL					
	OPERATOR GAS		•	1		
I.	PRORATION OFFICE					
	Cperator					
	Address F. W. Hahh, M. o. 8+246 Reason(s) isriting (Check proper box) Other (Please explain)					
	Ex 46. 14	ship Non Cray				
		box)	Other (Please explain)			
	New Well Recompletion	Change in Transporter of: Oil X Dry (
	Change in Contership	_	ensate ensate			
	If change of canership give nam					
	and address of previous owner _	e				
11.	DESCRIPTION OF WELL AN	ON FEACE				
	Lease Name	Well No. Pool Name, Including	Formation Kind of L	euse	Lease No.	
	They are discourse	Well No. Puol Name, Including E Raylie	MATTIX State, Fe	derai or Fee		
	1 20041.5					
		Feet From The South L		om The West		
	Line of Section 23	Township 23-5 Range _	16-E, NMPM,	Lea	County	
111					· · · · · · · · · · · · · · · · · · ·	
111.	Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G	AS Address (Give address to which ar	presued convolution from in		
	Texa is more	- Esserie	Billail Texa	c	o oe seat)	
	Name of Authorized Transporter of	Casinghead Gas 💟 or Dry Gas 🗔	Address (Give address to which approved copy of this form is to be s		to be sentj	
	PAIN 13 PETROIEU.	Unit Sec. Twp. Rge.	Cdessit ToxA			
	If well products oil or liquids, give location or tanks.	M 23 23 36	is gus dotudily connected "	When A/A		
	If this proid. The commingles	with that from any other lease or pool.				
14.	COMPLET TO ATTA		~			
	Designate Type of Comple	$\operatorname{ction} = (X) \qquad \begin{array}{c} \operatorname{Gas} \text{ well} \\ \end{array}$	New Well Workover Deepen	Plug Brox Same Re	rv. D.H erm.	
į	Date Spusses	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations A.B., RT, GR, etc.					
	enovanous all land, KI, GR, etc.	Acme CI Producing Formation	Top Oil/Grs Pay	Tubing Depth		
	Perforations			Depth Casing Since		
;						
;	TUBING, CASING, AND CEMENTING RECORD					
	024 3/24	CASING & TUBING SIZE	DEPTH SET	SACKS CEN	ENT	
:						
V.	TEST DATA AND REQUEST	FOR ALLOWARIE (T		i		
	OIL WELL	able for this de	ofter recovery of total volume of load epih or be for full 24 hours)		xceed top aligue	
į	Date First New Div Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas	s life, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choka Sita		
i ≒				0.1020 0.29	;	
	Actual Pros. During Test	Oil-Bals.	Wote: - Bbls.	Gas-MOF	1	
!						
	GAS WELL					
	Actual Prog. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			:	
į	The second meaning (prior) (act, priy)	. mind Liasser (SHHE-IH)	Casing Pressure (Shut-in)	Choke Size		
ે. €	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.		OIL CONSERV	VATION COMMISSION		
			il .		4	
Į			, II		19	
•			BY			
			}	a carrier of the second		
	0000=0		This form is to be filed i	n compliance with an e	1104	
	Roch -	July 1	If this is a request for all	lowable for a newly drille	d or daspened	
	Administrative Supervisie		well, this form must be accome tosts taken on the well in acc	panied by a tabulation of	the deviation	
.1	n Silla Allino De	Title)	All sections of this form	must be filled out comple	•	
		2 . V. 2 S	able 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.

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Juie)

DISTRIBUTION

NEW MEXICO OIL CONSERVATION COMMISSION

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SANTA FE	REQUES:	T FOR ALLOWABLE	Supersedes Old C-104 and C-1	
U.S.G.S.	AUTHORIZATION TO TE	AND	Effective 1-1-65	
LAND OFFICE	AUTHORIZATION TO TR	RANSPORT OIL AND NATURA	AL GAS	
TRANSPORTER OIL			•	
GAS				
OPERATOR PROPATION OFFICE				
Operator				
CONTINENT	Hohts, New mexic	PRNU		
Address Bay III.	// // **			
Reason(s) for filing (Check proper	Hopes, IYew MEKK	: 88240		
New Well	Change in Transporter of:	Temporary OIL	TRANSPORTER pending	
Recompletion	Oil 🔀 Dry C	Gas Completion of	TRANSPORTER PENding PERMANENT FACILITIES. ASE HAME. FORMERLY	
Change in Ownership	Casinghead Gas Cond	ensate LANGLE LUN	v Queed Unit BTRy 3	
If change of ownership give nam	e	7		
and address of previous owner _				
II. DESCRIPTION OF WELL AN	D LEASE			
Lease Name	Weil No. Pool Name, including		Lease .vc.	
LANGIE Lund agen	Unit 8 Langlie mar	TIX TRURS State, Fe	deral or Fee	
Unit Letter / ; (160 Feet From The South L	(2/2)	om The West	
			om The	
Line of Section 23	Township 235 Range	36E , NMPM,	Lea county	
I. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	AC		
Name of Authorized Transporter of	Cil 🔀 or Condensate 🗔	Address (Give address to which ap	oproved copy of this form is to be sent;	
Name of Authorized Transporter of				
		Address (Give address to which approved copy of this form is to be sent)		
Phillips Pet Roleun	Unit Sec. Twp. Rge.	go Flice Phillips 61.	15. Odessa Tex45	
If well produces oil or liquids, give location of tanks.	m 23 23 36	1s das distally connected?	when $\mathcal{N}\mathcal{A}$	
If this production is commingled	with that from any other lease or pool,			
v. COMPLETION DATA	Ott Well Can Well	-		
Designate Type of Comple	tion = (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.	
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	N			
The state of the s	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
Perforations		<u> </u>	Depth Casing Shoe	
		-		
HOLE SIZE	· ·	D CEMENTING RECORD		
71022 3122	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
7. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this d	after recovery of total volume of load : epth or be for full 24 hours)	oil and must be equal to or exceed top allow.	
Date First New Oi. Run To Tanks	Date of Test	Producing Method (Frow, pump, gas	s sift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
		<u> </u>		
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
			G. C. Francisco	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA	POF			
CERTIFICATE OF COMPETA	NCE	11	VATION COMMISSION	
I hereby certify that the rules an	d 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,		Orig. Stoned by Joe D. Ramey		
		Joe D. Ramey Dist. I, Supv.		
		TITLE	Dist. 1, Supv.	
BALLER		11	n compliance with RULE 1194.	
Delluxu (Sil	(notws)	If this is a request for allowable for a newly drilled or deepered well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Server Stall Re	wetant			
7 10	Melant Tule, 9-74	All sections of this form : able on new and recompleted	must be filled out completely for allow- wells.	
4-	9-14	1}	II. III. and VI for changes of owner,	

NMORE (5) PARTHECS (5) FILE

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.

CONTRO RECEIVED

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III.

IV.

	DISTRIBUTION SANTAFE FILE	REQUEST I	ONSERVATION COMMIL FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.C.S. LAND OF FICE	i e e e e e e e e e e e e e e e e e e e	NSPORT OIL AND NATURAL (GAS
	OPERATOR OIL			
1.	PROPATION OFFICE			
	Continental oil			
 	P. O. Box 460 Four visit for filing (Check proper box)	Hobbs	Other (Please explain)	
:		Change in Transporter of: On Dry Gas	well redesig	in A State NO. 8
	er er er er er er er er er	Consingher EG is Conden	sate Journely Single	A Sheb NO. 8
	If change of ownership give name and address of provious owner	albert Gackle		
11.	DESCRIPTION OF WELL AND I	LEASE Well lie, I cel Han	ne, Including Fermation	Kind of Lease
	Langlie Lynn Que	3 Janyl	lie matting Swar River	State, F <u>wierni se F</u> ee
	M. Diele	u_feet from The South Line	e and 660 Feet From	The West
	тан на а .г. 3 . , Тох	a chap 23-5 Hamae 3	36.E , IPMEN, Lon	Prenty
ш.	DI SIGNATION OF TRANSPORT	ER OF OH, AND NATURAL GA	S Address (Give address to which appro	
	The harmonical properties	water lob Cotty Gas	1 .	
	ackland Chemical	establed to be American Cas []	Boyl 150 3 Thousand is an actually connected? Wh	_
	off officer assert also Wantdo, pages of the fitting.	1 23 23 36	I amount of the second of the	7-25-61
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,		
• • •	Designate Type of Completion		New Well Workover Deepen	Plug Back Same Besty, Liff, Besty,
	See Seriei	Date Conglisionary to Fred	Total Lepth	F.B.T.D.
		Name of the indirection auton	Top Oil/Gas Pay	- Tubina Depth
	The trade of the second		J	Depth Controller
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			i	and the second s
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
	OH, WEIL.	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	
	t the safe of Test	Tubing Pressure	Craing Pressure	Choke Size
	Actual Cred. Contract Test	Oil-Bhla.	Water - Bbls.	Gas - MCF
]
	GAS WELL VERBORE GREAT-UTUD	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	To the Methest (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OII CONSERVA	ATION COMMISSION
• • •	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.		APPROVED	
			BY	
	1	112	TITLE	
	acon Symmetry (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 allow-	
	14. 24. 17		able on new and recompleted w	ist be filled out completely for allow- ells. I III and VI for changes of owner.

NMOCC 5, Partners 5, File

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.

	NOT BE CORDS OF CENZED		,	
	DISTRIBUTION SANTA FF.	i contract of the contract of	ONSERVATION COMMISSIC.	Form C-104 Supersedes Old C-104 and C-110
	FILE	1	AND	1.ffective 1-1-65
	U.5.5.5. LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GAS	S
1	 OIL	1 1 1		
1	GAS	1 1		
	PRORATION OFFICE	1		
•	10.0			
	Continental Oil	Co		
· ;	P. D. Box 460	Hobba		
į	Reasonis, for filing (Check proper box)	Other (Please explain)	
!	intervited <u>Edi</u>	Char. re in Transporter of:	- well redesign	stim
!	nar ar ro - waser daji	taninaka di Mas 🔲 — Conder	一一声!	A Stab NO. 8
	If change of ownership give name	albert Gackle		
	and address of previous owner	albert Dackle		
H.	DESCRIPTION OF WELL AND	LEASE		,
İ	1. 1. 1	\$		Cind of Lease State, Federal en Cee
1	danglie dynn Well	ela Unil S Jong	lie matting Sever River	
	est Lever M	U Feet me The South Lin	er and 660 Feet From The	west
		was 23-5 Laure	21. E 1919 To	Conty
			362	
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to which approved)	copy of this form is to be sent)
	·		Cox 1510 midland	
	Techa new mile		A viceus (Give address to which approved	copy of this form is to be sent;
	ashind Chemical	Correction Two Bree	Box 1503 Houston Is gas gathally connected? When	Tefor
	<pre>if modifier itemed in ordigaids, prive 1 matter of tables.</pre>	1 23 23 36		1-25-61
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	11 Well Gas Well	New Well Workover Deepen	Flug Back Same Restv. Diff. Restv.
	Designate Type of Completi			i
	The second	Date Tony L Rectly to Licit.	Total, Legith	P.P.T.D.
	:	Mana of Decar contribute ition	Top CE/Out Fay	Tuoing Pepts
	· 		_:	
	please attention			Lepti. During Shoe
	1	TUBING, CASING, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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	i			
V.	OH, WELL	able for this d	ifter recovery of total volume of load oil an epth or be for full 24 hours)	
	There is in a News ill team To Tanker	Pate of Text	Freducing Method (Flow, pump, gas lift,	rtc.)
	Legatics f Test	Tubina Freceure	Casing Pressure	Choke Size
	ļ			O MOR
	Astroductional Test	Oil-febls.	Water-Buls.	Gas-MCF
			_	
	GAS WELL		Total Carlos	Gravity of Condensate
	िं A संबंधित हो। के 17 कर 4 - 8.5 (4) (1) व	Length of Tent	Bbls. Condensate/MMCF	Gravity of Condensate
	The treat tethod (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI	L CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and	1 regulations of the Oil Conservation	APPROVED - Ong. State	, 19
	Commission have been complied	with and that the information given he best of my knowledge and belief.		on to oh
			TITLE.	
		16	This form is to be filed in co	ompliance with RULE 1104.

VI.

Acm. Lienature)

Acm. Lienature)

(Title)

3-1-73

(Date)

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