

DISTRICT I  
PO Box 1980, Hobbs, NM 88241-1980

Energy, Minerals and Natural Resources Department

Form C-104  
Revised February 10, 1994

DISTRICT II  
PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

PO Box 2088  
Santa Fe, NM 87504-2088

Instructions on back  
Submit to Appropriate District Office  
5 Copies

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

☐ Amended Report

DISTRICT IV  
PO Box 2088, Santa Fe, NM 87504-2088

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address				OGRID Number	
Anadarko Petroleum Corporation P. O. Box 2497 Midland, TX 79702				000817	
				Reason for Filing Code	
				CG EFFECTIVE 7/1/98	
API Number		Pool Name			Pool Code
30-025-21810		LANGLIE MATTIX SEVEN RIVERS QUEEN GRAYBURG			37240
Property Code		Property Name			Well Number
001328		LANGLIE-MATTIX PENROSE SAND UNIT TRACT 21			8

II. Surface Location

UL or lot n	Section	Township	Range	Lot/Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
C	34	22S	37E		810	NORTH	1980	WEST	LEA

Bottom Hole Location

UL or lot n	Section	Township	Range	Lot/Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
C	34	22S	37E		810	NORTH	1980	WEST	LEA

Lse Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
P	P				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
024650	Dynegy Midstream Services 6 Desta Dr Ste 3300 Midland, TX 79705	0453030	G	

IV. Production Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Debbie Newcomb*

Approved by: ORIGINAL SIGNED BY

Printed Name: Debbie Newcomb

Title:

Title: Senior Production Clerk

Approval Date: SEP 17 1998

Date: 07/28/98 Phone: 915/683-0564

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

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U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL GAS  
OPERATOR  
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

Operator  
Anadarko Petroleum Corporation  
Address  
P. O. Box 2497, Midland, Texas 79702  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒ Other (Please explain)  
Change in ownership effective: AUG 1 1985

If change of ownership give name and address of previous owner: Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702

I. DESCRIPTION OF WELL AND LEASE  
Lease Name: LMPSU Tract 21 Well No.: 8 Pool Name, including Formation: Langlie-Mattix SR, Qn, Grbg Kind of Lease: State, Federal or Fee Fee: - Lease No.: -  
Location  
Unit Letter: C : 810 Feet From The North Line and 1980 Feet From The West  
Line of Section: 34 Township: 22S Range: 37E, NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Shell Pipeline Company  
Texas-New Mexico Pipeline Company  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1910, Midland, Texas 79701  
P. O. Box 60028, San Angelo, Texas 76906  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Texaco Producing Inc.  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 3000, Tulsa, Oklahoma 74102  
If well produces oil or liquids, give location of tanks. Unit: 0 Sec: 27 Twp: 22S Rge: 37E Is gas actually connected? yes When:

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

V. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) 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

VI. 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 (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VII. 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.  
Signature: [Signature]  
Sr. Administrative Specialist  
July 24, 1985  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED AUG 2 1 1985  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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 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 multiple completed wells.