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FILE			
U.S.G.S.		<u> </u>	
LAND OFFICE		L	
TRANSPORTER	OIL		
	GAS		<u> </u>
OPERATOR		<u> </u>	<u> </u>
PRORATION OFFICE		<u> </u>	

NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE Operator		ONSERVATION COMMISSI FOR ALLOWABLE AND NSPORT OIL AND NAT	Supersed Effective	es Old C-104 and C-110
Anaderko Production	Company			
Box 247, Hobbs, Ne	w Mexico	Other (Please ex	plain)	
Reason(s) for filing (Check proper	box) Change in Transporter of:	Office (1 reduce of	prass,	
Recompletion	Oil Dry Gas	7		
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give nam and address of previous owner _	e			
II. DESCRIPTION OF WELL AN	ND LEASE Well No. Pool Name, Including Fo	ormation K	ind of Lease	Lease No.
Lease Name LMPSU Tract 32	3 Langlie Mattix	1.00	tate, Federal or Fee	
Location			Nanth	
Unit Letter E ; 66	Feet From The West Lin	e and 1790	Feet From The North	
Line of Section 33	Township 22-5 Range 3	7-E , NMPM,	Leo	County
		ıs		
II. DESIGNATION OF TRANSPORT OF Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA		which approved copy of this f	
Shell Pipe Line Com	Casinghead Gas Tor Dry Gas	P. O. Box 165, Address (Give address to	Eunice, New Mexic which approved copy of this f	form is to be sent)
Name of Authorized Transporter of Skelly Oil Company		P. O. Box 372,	Eunice, New Mexico	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	EFFECTIVE JA	NUARY 31, 1977,
give location of tanks.		give commingling order r	SKELLY OIL C	OMPANY MERGE
If this production is commingle IV. COMPLETION DATA	d with that from any other lease or pool,	New Well Workover	Deepen Plug Back S	ame Res'v. Diff. Res'v.
Designate Type of Comp	letion - (X) Gas Well	146M Mell		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	•
7/25/68	8/12/68 Name of Producing Formation	3700' Top Oil/Gas Pay	3690 Tubing Depth	
Elevations (DF, RKB, RT, GR, et 3358' GR	0	35431	3650	
	3610', 3618', 3623', 36	629', 3633', 3638',	, 3640', 3653¶, 3653 3500' 3508' 34	5",°3660" 5001_3608"./
3543', 3545', <u>3554</u>	1, 3556', 3567', 3571', 3575', TUBING, CASING, AN	ID CEMENTING RECORD)	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T SAC	13
12 1/4"	8 5/8" 5 1/2"	359°		15
7 7/8"	5 VZ"	3/00		
			معدد ما مدينة لحيد الدرام المدالة	al to or exceed top allow
V. TEST DATA AND REQUES	ST FOR ALLOWABLE (Test must be able for this controls)	denth or be for full 24 nours,	ne of load oil and must be equ	
OIL WELL Date First New Cil Run To Tank	Date of Test	Producing Method (Flow,	, pump, gas lift, etc.)	
8/14/68	9/10/68 Tubing Pressure	Pump Casing Pressure	Choke Size	
Length of Test 24 hours			Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	TSTM	
192 bbls.	29 bbls.			
GAS WELL		Bbls. Condensate/MMCI	Gravity of Co	ondensate
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (pitot, back pr.,	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in) Choke Size	_
	HANCE	OIL	CONSERVATION COM	MISSION
VI. CERTIFICATE OF COMP				
I hereby certify that the rule	s and regulations of the Oil Conservation	APPROVED		10
Commission have been compabove is true and complete	died with and that the information give to the best of my knowledge and belie	f. BY	- Jung	
		TITLE	THE WALL	<u> </u>

m 2 m		
1, 19 1-2	(Signature)	
District Super	intendent	
	(Title)	
9/11/68		
	(Date)	

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 multiply completed wells.