NO. OF COPIES RECE	EIVED	i	
DISTRIBUTIO) N		
SANTA FE			
FILE '			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		1	

NEW MEXICO OIL CON REQUEST FO

	-				
NO. OF COPIES RECEIVED					
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMI N Form C-104			
SANTA FE	REQUES	T FOR ALLOWABLE		Effective 1-1-	C-104 and C-110 ∴
FILE '		AND		211001110 []	
U.S.G.S.	_ AUTHORIZATION TO TR	RANSPORT OIL AND N	ATURAL GAS		
LAND OFFICE					
TRANSPORTER OIL					
GAS					
OPERATOR	_				
1. PRORATION OFFICE					
Wood, McShane &	Thams-Colorado	•			
Address					
P. O. Box 968, M					
Reason(s) for filing (Check proper bo	ox)	Other (Please	explain)		
New Well	Change in Transporter of:				
Recompletion	Oil Dry	Gas			
Change in Ownership	Casinghead Gas Cond	densate	<u></u>		
If change of ownership give name and address of previous owner	Humble Oil & Refini	ng Company, Box	1600, Mi	dland, Te	ras
II. DESCRIPTION OF WELL ANI	LEASE				
Lease Name	Well No. Pool Name, Including	1	Kind of Lease	3	Lease No.
New Mexico "M" Sta	te 59 Langlie Ma	ttix	State, Federal or I	e State	<u>B-934</u>
Location	240 Feet From The North	1340	Dead Dead Mha	East	
Unit Letter ; I	Feet From The				
Line of Section 30 T	ownship 22-S Range	37-E , NMPM,	Lea		County
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL (GAS			
Name of Authorized Transporter of C	or Condensate	Address (Give address t			to be sent)
Texas New Mexico P	ipe Line Company	Box 1510, M	idland, T	exas	
Name of Authorized Transporter of C	Casinghead Gas X or Dry Gas	Address (Give address t	o which approved t	copy of this form is	to be sent)
Skelly Oil Company		Eunice. New	Mexico		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte	d? When		
give location of tanks.	C 29 22S 37F	Yes		13 - 70	
If this production is commingled a	with that from any other lease or poo	ol, give commingling order	number:		
V. COMPLETION DATA					1 D/4 D4
	Oil Well Gas Well	4	Deepen Pl	ug Back Same Re	s'v. Diff. Res'v.
Designate Type of Complete	X = X	X	1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.	B.T.D.	
4-30-70	5-13-70	3830'		<u> 3797'</u>	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay		abing Depth	
3417 'Gr.	Queen	3632' Gr.		3780 '	
Perforations			D	epth Casing Shoe	
	12-3/8" holes)			3813 '	
3032 3743	TUBING, CASING, A	AND CEMENTING RECOR	D		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CE	MENT
	8 5/8"	364'	7	00 Sx. (C	irc.)
	5 1/2"	3813'	2	75 Sx.	
7 7/8"	5 1/2				
	TOP ATTOMARTE (True pure)	e after recovery of total volu	me of load oil and	must be equal to or	exceed top allow
V. TEST DATA AND REQUEST	able for this	s depth or be for full 24 hours	:)		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	, pump, gas lift, e	tc.)	
5-13-70	6-22-70	Pump			
	Tubing Pressure	Casing Pressure	C	hoke Size	
Length of Tes:	Tabling Troposit				
24 Hr.	Oil-Bbis.	Upen Gas-MCF			
Actual Prod. During Test	85	49	Ì	39.9	
	0.0	72			
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F G	ravity of Condensa	te
Transported (nites back pr.)	Tubing Pressure / Shut-in)	Casing Pressure (Shut	-in) C	hoke Size	

Date First New Oil Run To Tanks Date of Test 6 - 22 - 705-13-70 Tubing Pressure Length of Test 24 Hr Oil - Bbls. Actual Prod. During Test 85 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED

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

Petroleum Engineer

6-23-70

(Date)

(Title)

This form is to be filed in compliance with RULE 1104.

-UPERVISOR DIST

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.

RECEIVED

JEPT 1 1070

OIL COMORDER FOR CAMM.