

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

Energy, Minerals and Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back

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

OIL CONSERVATION DIVISION

PO Box 2088
Santa Fe, NM 87504-2088

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 Anadarko Petroleum Corporation P. O. Box 2497 Midland, TX 79702			OGRID Number 000817	
			Reason for Filing Code CG EFFECTIVE 7/1/98	
API Number 30-025-23771	Pool Name LANGLIE MATTIX SEVEN RIVERS QUEEN GRAYBURG			Pool Code 37240
Property Code 001328	Property Name LANGLIE-MATTIX PENROSE SAND UNIT TRACT 14			Well Number 1

II. Surface Location

UL or lot n O	Section 22	Township 22S	Range 37E	Lot.Idn	Feet from the 460	North/South Line SOUTH	Feet from the 2180	East/West Line EAST	County LEA
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Bottom Hole Location

UL or lot n O	Section 22	Township 22S	Range 37E	Lot.Idn	Feet from the 460	North/South Line SOUTH	Feet from the 2180	East/West Line EAST	County LEA
Lse Code P	Producing Method Code P		Gas Connection Date		C-129 Permit Number		C-129 Effective Date		C-129 Expiration Date

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
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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*

Printed Name: Debbie Newcomb

Title: Senior Production Clerk

Date: 07/28/98

Phone: 915/683-0564

Approved by:

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

Title:

Approval Date:

SEP 12 1998

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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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-1
Effective 1-1-65

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name LMPSU Tract 14	Well No. 1	Pool Name, including Formation Langlie-Mattix SR, Qn, Grbg	Kind of Lease State, Federal or Fee	Lease No. -
Location Unit Letter 0 : 460 Feet From The South Line and 2180 Feet From The East				
Line of Section 22 Township 22S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 L	Sec. 22	Twp. 22S	Pge. 37E	Is gas actually connected? yes	When. August, 1970

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

IV. COMPLETION DATA

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

V. 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

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.


(Signature)
Sr. Administrative Specialist
(Title)
July 23, 1985
(Date)

OIL CONSERVATION COMMISSION	
APPROVED AUG 21 1985	
ORIGINAL SIGNED BY JERRY SEXTON	
BY 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 multiply completed wells.	