NO. OF COPIES REC	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE		T 1	

1.

H.

III.

IV.

DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	<u> </u>	
SANTA FE		FOR ALLOWABLE FOR ALLOWABLE Form C-104 Supersedes Old C-104 and C-11		
FILE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA		DAL CAS	
LAND OFFICE	ASTRONIZATION TO TRA	THO OR FOIL AND MATO	KAL GAS	
TRANSPORTER OIL GAS				
OPERATOR	-			
PRORATION OFFICE	7			
Operator			w	
Wood, McShane &	Thams-692, Limited			
P. O. Box 968, M	onahans, Texas 79756			
Reason(s) for filing (Check proper bo	*)	Other (Please explai	1)	
New Well	Change in Transporter of:	_		
Recompletion	Oil Dry Go	is 🔲		
Change in Ownership	Casinghead Gas Conder	nsate		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including F	i	f Lease No.	
New Mexico "M" Sta	te 74 Langlie Mat	tix State,	Federal or Fee State B-934	
Location				
Unit Letter J ; 1.	560 Feet From The South Lin	e and 2400 Feet	From The East	
Line of Section 20 To	waship 22-S Range 3	37-Е , _{хири} ,	Lea County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	as		
Name of Authorized Transporter of O	i 📉 or Condensate 🗀	Address (Give address to which	approved copy of this form is to be sent)	
Texas-New Mexico P:	ipe Line Company	Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Co		Address (Give address to which approved copy of this form is to be sent)		
Skelly Oil Company		Eunice, New Mexico 88231		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 29 22S 37E	Is gas actually connected? Yes	12-11-71	
	ith that from any other lease or pool,	give commingling order number	r:	
COMPLETION DATA	(37)	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi	on $-(X)$ X	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
11-27-71	12-11-71	3830'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3371' (GL)	Queen	3492	3729'	
Perforations 3492'-3828' (30 ·	2/011 holos)		Depth Casing Shoe	
3492 -3626 (30	- 3/8" holes)	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	8 5/8"	325 1	200 Sx.(Circ.50 Sx.)	
7 7/8"	5 1/2"	3831 '	285 Sx.	
	 			
TEST DATA AND REQUEST FOIL WELL		pth or be for full 24 hours)	ad oil and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	
12-11-71	12-27-71	Pump- 2 1/2"		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 Hrs.	-0-	40	None Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	:	
	84	130	110	
CAC WELL		•	•	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	CE	OIL CONS	ERVATION COMMISSION	
		100		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED JAN 10 19/2 . 19		
commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.			Miny	
entre to time our nambiate in in		STIPERVA	SOR DISTRICT I	
-1-		111/52		
90 m	` <i>[</i> Z,	This form is to be fil	ed in compliance with RULE 1104.	

Petroleum Engineer (Title)

1-6-72

(Date)

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.

RECEIVED

JAN 7 1072 OIL CONSERVATION COMM. HOLDS, I. II.