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ŀ	SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
ł	FILE	REQUEST	AND	Effective 1-1-65
ļ	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	GAS
	LAND OFFICE			
	IRANSPORTER GAS			
	OPERATOR			
	PRORATION OFFICE			
Wood, McShane & Thams-692, Limited			·	
	Address P. O. Box 968. Mc	mahans. Texas		
P. O. Box 968, Monahans, Texas Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Gas		
	Change in Ownership	Casinghead Gas Condens	sate	
	If change of ownership give name			
	and address of previous owner			
11.	DESCRIPTION OF WELL AND L	EASE		N
	Lease Name	Well No. Pool Name, Including FO		
	New Mexico "M" Sta	ite 58 Langlie Mar		JLALE D-734
	Location 150	Carth	1360 East East	West
	Unit Letter N : 150 Feet From The SOULD Line and LOOU Feet From The Loo Council Line of Section 20 Township 22-S Range 37-E , NMPM, Lea Council Council Line of Section 20 Township 22-S Range 37-E , NMPM, Lea Council Line of Section 20 Township 22-S Range 37-E , NMPM, Lea Council Line and Li			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which appr	roved copy of this form is to be sent)
	Name of Authorized Transporter of Oil Texas-New Mexico I		1	
	I CXAS-NEW MEXICO I Name of Authorized Transporter of Cas	inghead Gas 🖍 or Dry Gas	Address (Give address to which appr	1, Texas 79701 roved copy of this form is to be sent)
	Skelly Oil Company		Eunice, New Mexic	
	If well produces oil or liquids,	Unit Sec. Twp. Hge.	Ta gui decidary etimeteri	√hen 10 00 71
	give location of tanks.	C 29 22S 37E	Yes	12-22-71
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio		X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	12-8-71	12-22-71	3835 ¹ Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	3498 [†]	3761'
		Queen	<u> </u>	Depth Casing Shoe
	3498-3828			
			CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	* DEPTH SET	200 Sx.
		<u>8 5/8"</u>	3842	
	7 7/8"			
v	. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)			
•	OIL WELL	able for this de	Producing Method (Flow, pump, gas	ilifi, etc.)
	Date First New Oil Run To Tanks 12-22-71	1-3-72	Pumping 2 1/2"	X 2" X 12"
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hrs.	-0-	<u>30 psi</u>	None Gga-MCF
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.	38.2
		80	320	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Actual Float Test- more a			Chaba
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION APPROVED AN 141978	
		regulations of the Oil Conservation with and that the information given		
	above is true and complete to the	e best of my knowledge and belief.		
	aa		This form is to be filed	in compliance with RULE 1104.
	Retroleum Engineer (Title)		If this is a request for sllowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells.	
	<u>1-10-72</u>	ate)	well name or number, or trans	porter, or other such change of condition
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