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LAND OFFICE			
TRANSPORTER	RANSPORTER OIL		
	GAS		
OPERATOR			
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

U.S.G.S. LAND OFFICE ITANSPORTER OIL PROPERTICE AND OPERATICE Operator Anadarko Producution Company Address: Box 247, Hobbs, New Mexico 88240 Reasons Ing (Check proper box) New Warr Change in Transporter of: Recons etter Oil Dry Gas Charge: Charge: Outership give name and address: Condensate If change: Outership give name and address: Condensate If change: Outership give name and address: Condensate Langlie Mattix Well No. Pool Name, Including Formation Lease Langlie Mattix Well No. Pool Name, Including Formation Penrose Sand Unit 4 Langlie Mattix—Queen State, Federal or Fee Feet From The Line and Feet From The			
TRANSPORTER GAS OPERATCE PRORA 10 10 10 10 10 10 10 10 10 10 10 10 10			
PRORATOR PRORATOR PRORATOR Anadarko Producution Company Address Box 247, Hobbs, New Mexico 88240 Reasons to long (Check proper box) New Wert Recompletion Change in Transporter of: Recompletion Change to condensate If change to ordership give name and address to order ship give name and address to order ship give name and address to order ship give name II. DESCRIPTION OF WELL AND LEASE Lease Langlie Mattix Well No. Pool Name, including Formation Kind of Lease Penrose Sand Unit 1994 Langlie Mattix—Queen State, Federal or Fee			
Anadarko Producution Company Address Box 247, Hobbs, New Mexico 88240 Reasons ing ((heck proper box) New Werr Recompetition Change in Transporter of: Recompetition Change in Casinghead Gas Condensate If change in ordership give name and address in the producution owner II. DESCRIPTION OF WELL AND LEASE Lease in Langlie Mattix Well No. Pool Name, including Formation Penrose Sand Unit 4 Langlie Mattix—Queen State, Federal or Fee Fee			
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Box 247, Hobbs, New Mexico 88240 Reasons to long (Check proper box) New Wer Change in Transporter of: Recomplete: Oil Dry Gas Change to the ship give name and address to amous owner II. DESCRIPTION OF WELL AND LEASE Lease to Langlie Mattix Well No. Pool Name, Including Formation Penrose Sand Unit 4 Langlie Mattix—Queen State, Federal or Fee Fee			
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If change outlership give name and address of the content of the c			
II. DESCRIPATION OF WELL AND LEASE Lease to the Langlie Mattix Well No. Pool Name, Including Formation Kind of Lease Penrose Sand Unit 20 / 4 Langlie Mattix-Queen State, Federal or Fee Fee			
II. DESCRIPTION OF WELL AND LEASE Lease Langlie Mattix Well No. Pool Name, Including Formation Kind of Lease Penrose Sand Unit 2 / 4 Langlie Mattix-Queen State, Federal or Fee Fee Location Company Langlie Mattix-Queen Langlie Mattix-Queen Company Langlie Mattix-Queen La			
Penrose Sand Unit 1 4 Langlie Mattix—Queen State, Federal or Fee			
Location /	Lease No.		
Unit Learn Feet From The Line and Feet From The			
Line dection Township Range , NMPM,	County		
	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is	to be sent		
Shell Pipe Line Company P. O. Box 1165, Eunice, New Me	xico 882		
Skelly Oil Company P. O. Box 372, Eunice, New Mex	ico 8823		
If well produces oil or liquids, que location of tanks. Unit Sec. Twp. Rge. 1s gas actually connected? Yes 8-21-70			
If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE JANUAR On the production of the producti			
Or nor day were worked by Deaden's Little Market Comments	Y 31 Tops		
Designate Type of Completion - (X) X INTO GETTY OIL C	LNY MERGED		
1.5,1.5.	UNIPANY.		
2-5-72 2-16-72 3710 3674 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cil/Gas Pay Tubing Depth			
Elevations (DF, RKB, RT, GR, etc., 3365 GL-3377 RKB Queen Topicity Street Topics Pay 3480 Tubing Depth 3576			
Perforations 3614 -16 Depth Casing Shoe			
	10'		
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEN			
12½" 8-5/8" 24# 330' 250 sks-cir			
250 SAS-CIL	Curaceu		
7-7/8" 5½" 14# 3710' 275 sks			
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 allows		
OIL WEIL able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
2-19-72 2-22-72 Pump			
Length of Test Tubing Pressure Casing Pressure Choke Size			
24 hrs			
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF 94 20 83.7			
CACINETA			
GAS 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			
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION FER 28 1277	N		
I hereby certify that the rules and regulations of the Oil Conservation APPROVED 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
CULTURAL DISTRICT	CONTRICT DISTRICT		
This form is to be filed in compliance with RULE If this is a request for allowable for a newly drille			
(Signature) Well, this form must be accompanied by a tabulation of	of the deviation		
District Superintendent tests taken on the well in accordance with RULE 111			
(Title) All sections of this form must be filled out comple	atath tot affom-		

RECEIVED

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