NO. OF COPIES RECI	CIVED	1	
DISTRIBUTION			
SANTA FE			i
FILE			
U.S.G.S.			
LAND OFFICE			
[RANSPORTER	OIL		<u> </u>
	GAS		<u> </u>
OPERATOR			
PRORATION OF	CE		
Operato:			
	Ana	adaı	cko
Address			
	P.	0.	Во
Reason(s) or living		prope	r box
N. F	7		

DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Press 0, 101	
SANTA FE	I	REQUEST FOR ALLOWABLE REQUEST FOR ALLOWABLE Supersedes Old C-104 and 6		
FILE		AND Effective 1-1-65		
U.S.G.S.	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	L GAS	
LAND OFFICE				
TRANSPORTER OIL GAS				
OPERATOR				
PRORATION OF THEE				
Operato:				
	Production Company			
Address				
P. O. Bo	ox 247, Hobbs, New Me			
Reason(s-124 Ming (Check proper bo		Other (Please explain)	CAS MUST NOT BE	
New We'l	Change in Transporter of:	TO 10 1 4 10 10 10 10 10 10 10 10 10 10 10 10 10		
Recompletion	Oil Dry Go	The service of the se	N EXCEPT OF R-4670	
Change to Topishtp	Casinghead Gas Conder	nsate 082311502	- 20 214 23 Car 20 20 20 20 40 40 40 40 40 40 40 40 40 40 40 40 40	
If change . 52 Aership give name		ARE SERVED AND CONTRACTOR		
and address 60 previous owner				
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Lease No.		
	l Langlie Mat			
MeTex Supply "A"	I Langile Mac	CIX	1.66	
	0 3V		We at	
Unit Letter <u>D</u> : 660	Feet From The North Lin	e and 660 Feet Fr	om The West	
3E T	ownship 22S Range	37E , NMPM,	Lea County	
Line Dection 35 To	ownship 22S Range	J/E , INNEM,	Lea County	
III. DESIGNATION OF TRANSPOR	TED OF OU AND NATURAL CA	S		
Name of Authorized Transporter of O		Address (Give address to which a	pproved copy of this form is to be sent)	
The Permian Corpora		P. O. Box 1183 Ho	ouston, Texas 77001	
Name of Authorized Transporter of Co	asinghead Gas 😿 or Dry Gas		paraued copy of this form is to be sent)	
Skelly Oil Company		P O Roy 1135. 1	Euniec, New Mexico	
	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	E 35 22S 37E	No-Pending pipel:	ne connections	
			FIIC COMMCCCTOM	
If this production is commingled w IV. COMPLETION DATA	ith that from any other lease or pool,	give comminging order number:		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complete	$\operatorname{ion} - (X)$ X	x		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
6-19-72	7-5-72	3740'	3702 '	
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth	
3319'GL - 3329'RKB	Queen	3556'	3540'	
Perforations			Depth Casing Shoe	
3556' - 3658'			3740'	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12½"	8-5/8" - 24#	355'	250 sks-circulated	
7-7/8"	5岁" - 14#	3740 '	560 sks	
		<u>i</u>	i	
V. TEST DATA AND REQUEST I			oil and must be equal to or exceed top allow	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, go	ne lift etc.)	
Date First New Oil Run To Tanks	Date of Test	· -	13 16/1, 2001)	
7-8-72	7-8-72	Flow Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	100#	32/64	
24	25#	Water - Bbls.	Gas-MCF	
Actual Prod. During Test	Oil-Bbls.)	115	
289 bbls.	115 bbls.	174 bbls	1 d J	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Feudin ot fest	Data. Contrational Mission		
The second of the second secon	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	I uping Pressure (Snut-12)	Commy Freedrice (and c-z-z)		
		1	NATION COMMISSION	
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	RVATION COMMISSION	
		APPROVED	, 19	
I hereby certify that the rules and	regulations of the Oil Conservation			
Commission have been complied above is true and complete to the	with and that the information given ne best of my knowledge and belief.	BY		
•				
		TITLE		
		11		

Area 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 accompleted makes.

CL CHERTON COMM.