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	GAS
OPERATOR	
REGISTRATION 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-110
Effective 1-1-65I. Operator
Wood, McShane & Thams-692, Limited

Address

P. O. Box 968, Monahans, TX 79756

Reason(s) for filing (check proper box)

New Well ☒ Change in Transporter oil ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease State	Well No./ Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico "M" State	69 Langlie Mattix	State, Federal or Fee State	B-934
Location			
Section Letter L	1360	Feet from The South Line and 1220	Feet from The West
Line of Section 29	Township 22-S	Range 37-E	NMPM, Lea 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)
Texas-New Mexico	Box 1510, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	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. Is gas actually connected? When
C 29 22-S 37-E	Yes 12-17-72

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.					
12-4-72	12-17-72	3749' (GL)	-----					
Elevations (OF RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3740' (GL)	Queen	3546'	3709'					
Perforations	Depth Casing Shoe							
3546'-3689' (14-3/8" holes)	3749' (GL)							
TUBING, CASING, AND CEMENTING RECORD								
PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	320' (GL)	200 Sx. Circ. 35 S					
7-7/8"	5-1/2"	3749' (GL)	280 Sx.					

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 allowable for this depth or be for full 24 hours)

Date First Test Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-17-72	1-18-73	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	30 Psi.	30 Psi.	None
Water Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	140	195	68.6

Grav. of Oil	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
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.

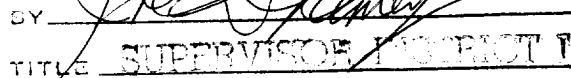
Petroleum Engineer
(Title)

1-19-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 22 1973, 19

BY 
TITLE SUPERVISOR DISTRICT I

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.