District I PO Box 1960, Ilobbs, NM 88241-1960 District II PO Drawer DD. Artonia, NM 88211-0719				Energy, Miner		Form C-1 Revised February 10, 19 Instructions on ba						
PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410				OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088				Submit to Appropriate District Off 5 Cop				
District IV PO Box 2088, Santa	Fe, NM	87504-2083			,				XA	MENDED REPOI		
I.	RE					AUTHOR	RIZAT	TON TO T				
	Oil Co	•	name and Addrem				<sup>3</sup> OGRID Number					
815 W. 10th St.									3 Reason for Filing Code			
F	ort '	Worth,	Tx. 7	76102				co 8/,/97				
" API Number					' Pool N	ame	.I	<u> </u>	'Pool Code			
	30 - 0 25 - 24501			Langlie Mattix 7 Rvers Q Graybu					1rg 37240			
' Property Code 010061				77]	' Property			Well Number				
	ace I	ocation		Fluor						2		
Ul or lot no. Secti		Township	Range	Lot.Ida	Feet from the	North/So	uth Line	Feet from the	East/West Ha	c County		
ь 3	5	22S	37E		1980	Sou	ıth	660	West	Lea		
	1	ole Loca	tion					<u> </u>	1			
UL or lot no. Sect.		Township	Range	Lot Idn	Feet from the	North/Se	wik line	Feet from the	East/West Ha	e County		
<sup>11</sup> Lee Code <sup>11</sup> Pi	roducing f	Method Cod	e <sup>14</sup> Gau	Connection Date	<sup>13</sup> C-129 Pe	rmit Number	1	C-129 Effective I	Date <sup>11</sup>	C-129 Expiration Date		
II. Oil and C	<u>Bas Ti</u>								······································	······································		
" Transporter OGRID			ransporter and Addre		3*	POD	" 0/G	1	POD ULSTR 1			
	Ar	tesia,	<u>NM</u>	88211-0159								
7. Produced POD 226/95		r			POD U	LSTR Locatio	a and De	scription	·			
. Well Comp				· · · · · · · · · · · · · · · · · · ·								
	<sup>11</sup> Spud Date		' Ready Di	ite	מד יי			" PBTD	3	' Perforations		
" Hole	Size		" C	asing & Tubing S	ize	<sup>11</sup> D	epth Set		<sup>33</sup> Seck	s Cement		
Date New Oil		* 0						· · · · · · · · · · · · · · · · · · ·				
		<sup>35</sup> Gas Deliver	ry Date	* Test D		" Test Lengt	Ъ	<sup>34</sup> Tbg. Press	ure	" Csg. Pressure		
" Choke Size		" Oʻi		43 Wate		4 C 88		" AOF		" Test Method		
	tion given	a above is true And Hende:	and compl	vision have been co lete to the best of m	Approve Title:	d by: ORIC	с., ет. 5  	SERVATIO Koned By Di Alut i Supei	IRIS WILLIA			
Pet	Petroleum Engineer						16	<u>900</u>				
If this is a change of		/	a substantia a subst	7/332-137 er and name of th			u					
Previou	s Operat	or Signuture			Printe	d Name			Title	Date		

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CISTR.CT.I									ructions m of Page	
P.O. Box 1980, Hobbe, NM 88240	OIL CONSERVATION DIVIS. D							H Doub	u or tage	
DISTRICT II PO Drawer DD, Artesia, NM 88210		San	P.O. B ta Fe, New M		)4-2088					
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410										
I.	T	O THAN	SPORT OIL	AND NA	TUHALGA	NO Well A	PINO		,	
Seely Oil Company										
Address 815 W. 10th St., Fo	ort Wor	th								
Reason(s) for Filing (Check proper box)				Oth	er (Please espla	2111)				
	0il		Transporter of:							
Recompletion L	Casinghead		Condensate							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE			<u></u>			=:	<u></u>	
Lease Name		Well No.	Pool Name, Includ	-	Siate, F			Lease Lease No.		
Fluor		$\frac{2}{100 D}$	Langlie-N	Mattix_SI	R	k				
Unus Letter	. : <u>660</u>	1980	Feet From The 🔔	South_L	e and <u>66</u> 1	0 F <del>o</del>	et From The	West	(_ae	
Section 35 Township	225	5	Range 37E	, N	мрм,		Lea	· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN	SPORTEI	R OF OI	L AND NATU	RAL GAS						
Name of Authonzed Transporter of Oil		or Condens		Address (Gin	e address to w					
Koch Oil Co., A Divisi Name of Authonzed Transporter of Casing	<u>on of K</u> bead Gas	Koch In	or Dry Gas	P. O.	Box 1558 Maddress 10 W	<u>, Brecke</u> hich approved	copy of thus f	r TX 76 form is to be se	024 N)	
Warren Petroleum, a Di								<u>Ok. 74102</u>		
If well produces oil or liquids, give location of tanks.	1 1		Twp.   Rge.	-	y connected?	When	1 /9/74			
If this production is commingled with that f	M		225 37E	Yes ling order num	ber:	<b>I</b> 4/				
IV. COMPLETION DATA					- <u> </u>		- Plug Back	Same Resiv	Dilf Resv	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Doepen				
Date Spudded	Date Comp	i. Ready to	Prvd.	Total Depth	£		P.B.T D.			
Elevauons (DF, RKB, RT, GR, esc.)	Narbe of Pr	roducing For	malio	Top Oil/Gas	Pay		Tubing Depth			
Perforations	L	<u></u> .		<u>_l</u>			Depth Casi	ng Shoe		
	<del>_</del>	TIDDIC		CEMENT	NO PECOP					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
		<u></u>	<u></u>							
			DI C	1						
V. TEST DATA AND REQUES OIL WELL (Test must be after 1	SI FOR A	LLUWA Nal volume i	LIST. IS of load oil and mu	n be equal to o	r exceed top all	lowable for thi	s depth or be	for full 24 hou	rs)	
Dite Firm New Oil Run To Tank	Date of Ter				lethod (Flow, p					
Length of Test	Tubing Pre			Casing Press			Choke Size			
Actual Prod. During Test	Oil - Bbla			Water - Bbli		<u>.</u>	Gaa- MCF	Gaa- MCF		
Actual Flot During Test										
GAS WELL								*		
Actual Prod. Test - MCF/D	Length of	Test		Bbis. Coade	nsau/MMCF		Gravity of Condensate			
Tesung Method (puor, back pr)	Tubing Pre	essure (Shut	-in)	Casing Pres	aure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	LATE OF	F COMP	LIANCE				ATION			
I hereby certify that the rules and regu- Division have been complied with and					OILCO	NDEHN	ATION	0141210	אול	
is true and complete to the best of my			===~478	Dat	e Approve	əd	MAY 1 9	9'92		
	nda	Don	<b></b>		UNIGHT					
Signature David L. Henderson	)	١		11						
Proted Name Petroleum Engineer			Tille	Title	Э					
Due May 14, 1992		/332-1	phone No.							
INSTRUCTIONS: This for		Legipter Colors	and an of a bound of a		aninity of Calendri Sound of Ar		Alt - Second Children	n de servicie de la composición de la c	a gina an tha tha an tha a start a star	
			ompranes with	in italie i 104						

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED MAY 1 8 1992 OCD HORES OFFICE