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| U.S.G.S. | | 1 | 1 |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |
| Operator | | | |

April 5, 1976

(Date)

NEW MEXICO OIL CONSERVATION COMMIS. N

Form C-104

| FILE | KEQUE | 51 FOR ALLOWABLE | Supersedes Old C-104 and C | |
|--|--|---|---|--|
| U.S.G.S. | AUTHORIZATION TO 1 | AND FRANSPORT OIL AND NATUR | Effective 1-1-65 | |
| L.ND OFFICE | | TRANSFORT OIL AND NATUR | AL GAS | |
| TRANSPORTER OIL GAS | | | | |
| OPERATOR | | | | |
| PRORATION OFFICE | +-1 | | | |
| Operator | <u></u> | | | |
| Petro-Sea: | | | | |
| Reason(s) for filing (Check prop | leum Club Building, De | enver, CO 80202 | | |
| New Well | Change in Transporter of: | Other (Please explain) | | |
| Recompletion | ~ <u>`</u> | cos *Change in | Ownership effective | |
| Change in Ownership X | | ndensate April 1, | 1976 | |
| If change of ownership give ne and address of previous owner | Armer Oil Company, Fort Worth, TX 761 | 2110 Continental | National Bank Bldg. | |
| I. DESCRIPTION OF WELL A | AND LEASE | | | |
| Fluor | Well No. Pool Name, Including | | Lease No. | |
| Location | 2 Langlie-Mat | tix SR State, Fo | ederal or Fee Fee | |
| Unit Letter; | 1980 Feet From The South | tne and 660 Feet 7 | rom The West | |
| Line of Section 35 | Township 22S Range | 37E , NMPM, | Lea County | |
| . DESIGNATION OF TRANSF | PORTER OF OIL AND NATURAL | GAS | | |
| Rdine of Authorized Transporter of | of Condensate | Address (Give address to which a | pproved copy of this form is to be sent) | |
| Name of Authorized Transporter of | Pipe Line Company Cas or Dry Gas | P.O. Box 1510, Mi | idland, Texas 79701 pproved copy of this form is to be sent) | |
| Warren Petroleum | | Address (bive address to which a | pproved copy of this form is to be sent) | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | llsa, Oklahoma 74102 | |
| give location of tanks. | M 35 228 37E | | 4/9/74 | |
| If this production is commingle COMPLETION DATA | d with that from any other lease or pool | | 4/9//4 | |
| Designate Type of Comp | etion - (X) | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty | |
| Date Spudded | Date Compl. Ready to Prod. | | | |
| | Dute Compi. Reday to Prod. | Total Depth | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, et | c.j Name of Producing Formation | Top O!l/Gas Pay | Tubing Depth | |
| Destauration | | | | |
| Perforations | | | Depth Casing Shop | |
| | TURING CASING AN | ID CELEVILLE | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | |
| | | UEPTH SET | SACKS CEMENT | |
| | | | | |
| | | | | |
| TEST DATA AND DESCRIPTOR | TOP ATTOMATICAL | <u> i </u> | | |
| TEST DATA AND REQUEST OIL WELL | FUR ALLOWABLE (Test must be able for this d | after recovery of total volume of load : epth or be for full 24 hours) | oil and must be equal to microsciptionally | |
| Date First New Oil Run To Tanks | Date of Test | Producing Methos (Flow, pump, gas | s liji, etc.) | |
| | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| Actual Prod. During Test | Oil-Bhis, | Water - Bbls. | | |
| • | 0.1-82.57 | wdter - Bbis. | Gas-MCF | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| 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) | | | |
| many management, but prop | Tablid Fleesame (Stutt-In) | Casing Pressure (Shut-in) | Choke Size | |
| CERTIFICATE OF COMPLIA | NCF | 011 0011055 | | |
| | | 11 | ATION COMMISSION | |
| hereby certify that the rules an | reby certify that the rules and regulations of the Oil Conservation APPROVED | | VED | |
| mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief. | | n li | | |
| | my michaele site belief, | | | |
| | | TITLE | | |
| 25 max | B (7 1) | This form is to be filed in compliance with RULE 1104. | | |
| 1 2019 6 | B, Judd | 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 | | |
| _ Production Man | ager | tests taken on the well in acc | ordance with RULE 111. | |
| | Title) | All sections of this form m | nust be filled out completely for allow- | |
| Annil 5 1076 | | able on new and recompleted t | Melis. | |

Fift out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

ATTAL ONE

CH COMSLECAN OF COMM.

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| .s.g.s. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

Form C-104 NEW MEXICO OIL CONSERVATION COMMISS, Superseder Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator rmer Oil Company 2110 Continental National Bank Bldg., Fort Worth, Texas 76102 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: New Casinghead Gas Connection Dry Gas Recompletion Casinghead Gas X Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation CP Kind of Lease Lease No. State, Federal or Fee Fee Langlie-Mattix SR Fluor Location 1980 Feet From The South Line and 660 West Unit Letter Lea 37E 22S , NMPM, 35 Township Range County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate P O. Box 1510, Midland, Texas 79701 Texas-New Mexico Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X Warren Petroleum Company P. O. Box 1589, Tulsa, Oklahoma 74102 When P.ge. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. <u>| 2</u>2S ; 37E Yes April 9, 1974 35 M If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Workover Deepen Same Res'v. Diff. Res'v. New Well Plug Back Oil Well Gas Well Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Name of Producing Formation Top Oll/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbla. Ggs - MCF Oil-Bbis. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED_ 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. Cirlo Marcal So BY_ S. 44 84 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 new and recompleted wells. Production Manager (Title) 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. April 9, 1974

Conserve France C 104 miles he filled for each read in mulsialise

(Date)