	NO. OF COPIES RECEIVED					
	DISTRIBUTION SANTA FE FILE		CONSERVATION COMMISSION T FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL (
	IRANSPORTER GAS					
I.	PRORATION OFFICE					
	Operator Petro-Search Exploration Corporation					
	Address 825 Petroleum Club Bldg., Denver, CO. 80202					
	Reason(s) for filing (Check proper box) New We!! Other (Please explain)					
	Recompletion Change in Ownership		Gas 🔲 Change in nam ensate	ne of operator only		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND LEASE					
	Fluor 3 Langlie-Mattix SR State, Federal or Fee Fee					
	Unit Letter K : 2310 Feet From The South Line and 1650 Feet From The West					
	25	ownship 22S Range	37Е , МИРМ,	Lea County		
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	·		
	Name of Authorized Transporter of Ci Texas-New Mexico P	Pipe Line Co.	Address (Cive address to which approv P. O. BOX 1510. Mid			
	Name of Authorized Transporter of Casinghead Gas 😰 or Dry Gas 🗌 Warren Petroleum Company		P. O. Box 1510, Midland, TX 79701 Address (Give address to which approved copy of this form is to be sent)			
	If well produces oil or liquids,	Unit Sec. Twp. Pge.	P. O. BOX 1589, Tul Is gas actually connected? Whe			
	give location of tanks.	<u>' M ' 35 ' 22S' 37E</u>		4/9/74		
IV.	COMPLETION DATA	ith that from any other lease or pool,	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi	on – (X)		Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations				Depth Casing Shoe		
-	HOLE SIZE	TUBING, CASING, ANI	D CEMENTING RECORD	SACKS CEMENT		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	feet tecovery of total values of land ail a	, ad must be equal to as exceed too allow		
	FEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed t DIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
ł	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas - MCF		
I_						
Г	GAS WELL ~	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	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.					
		of my knowledge and belief.	BY	John Runyan		
	Benne o Da		This form is to be filed in compliance with RULE 1104. If this is a request for silowable 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 sllow-			
• 🖌	Steorge B. Judd					
-	Vice President of Production					
	2/22/78		able on new and recompleted well Fill out only Sections I. II.	s. III. and VI for changes of owner,		
	(Dat	(e)	well name or number, or transporter Separate Forms C-104 must	, or other such change of condition. be filed for each pool in multiply		
		l.	completed wells.			

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NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR I. PRORATION OFFICE Operator	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C FILE AND Effective 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS TRANSPORTER OIL OPERATOR PRORATION OFFICE Operator Operator						
Address 825 Petrole	825 Petroleum Club Building, Denver, CO 80202 Reoson(s) for filing (Check proper box) New We!! Other (Please explain) Secompletion Other (Please explain) New We!! Change in Transporter of: New We!! Other (Please explain) Recompletion Other						
If change of ownership give nam and address of previous owner	Armer Oll Company Fort Worth, Texas ND LEASE Well No. Pool Name, Including 3 Langlie-Mat	76102 Formation Kind of Lea State, Feder	ral or Fee Fee				
Line of Section 35 II. DESIGNATION OF TRANSPO Name of Authorized Transporter of Texas-New Mexico Name of Authorized Transporter of Warren Petroleum If well produces oil or liquids,	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL Condensate Texas-New Mexico Pipe Line Company Name of Authorized Transporter of Casinghead Gas (or Dry Gas) Name of Authorized Transporter of Casinghead Gas (or Dry Gas) Name of Authorized Transporter of Casinghead Gas (or Dry Gas) Name of Authorized Transporter of Casinghead Gas (or Dry Gas) Name of Authorized Transporter of Casinghead Gas (or Dry Gas) Name of Authorized Transporter of Casinghead Gas (or Dry Gas) Name of Authorized Transporter of Casinghead Gas (or Dry Gas) Name of Authorized Transporter of Casinghead Gas (or Dry Gas) Name of Authorized Transporter of Casinghead Gas (or Dry Gas) Name Of Authorized Transporter of Casinghead Gas (or Dry Gas) Name Of Authorized Transporter of Casinghead Gas (or Dry Gas) Name Of Authorized Transporter of Casinghead Gas (or Dry Gas) Name Of Authorized Transporter of Casinghead Gas (or Dry Gas) Name Of Authorized Transporter of Casinghead Gas (or Dry Gas) Name Of Authorized Transporter of Casinghead Gas (or Dry Gas) Name Of Authorized Transporter of Casinghead Gas (or Dry Gas) Name Of Authorized Transporter of Casinghead Gas (or Dry Gas) Name Of Authorized Transporter of Casinghead Gas (or Dry Gas) Name Of Authorized Transporter of Casinghead Cas (o						
give location of tanks. If this production is commingled V. COMPLETION DATA Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc. Perforations	Date Compl. Ready to Prod.		4/9/74 Plug Back Same Resty, Diff. Fresty, P.B.T.D. Tubing Depth				
HOLESIZE	CASING & TUBING SIZE	D CEMENTING RECORD	Depth Casing Shop				
Actual Prod. During Teet	FOR ALLOWABLE (Test must be a able for this de able for this de Date of Test Tubing Pressure Oil-Bble.	fter recovery of istal volume of load oil epth or be for full 24 hoursy Producing Method (Flow, pump, gas li, Casing Pressure Water-Bols.	and must be equal to us esting the public of the state of				
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size				
Commission have been complied	NCE regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.	OIL CONSERVA APPROVED BY TITLE This form is to be filed in c					
Production Mana (T April 5, 1976	ate)	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 allow- able 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.					

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UIL CONSERVATION COMM. NOBBS, N. M.

	O. OF COPIES N EIVES		、			
	DISTRIBUTION ANTA FE ILE	NEW MEXICO OIL C REQUEST	Form C-104 Superseder Old C-104 and C-11 Effective 1-1-65			
		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	IRANSPORTER GAS					
I.	PRORATION OFFICE					
	Armer Oil Company Address					
	2110 Continental National Bank Bldg., Fort Worth, Texas 76102					
	New Well Change in Transporter of:					
	Recompletion Oil Dry Gas New Casinghead Gas Connection Change in Ownership Casinghead Gas X Condensate					
	If change of ownership give name and address of previous owner					
П.	DESCRIPTION OF WELL AND LEASE					
	Legse Name Fluor	Well No. Pool Name, including F 3 Langlie-Matt		of Lease Lease No. e, Føderal or Fee Fee		
	Location					
	Unit Letter IX ; 23.	10Feet From The SouthLin	ie and 1050 Fe	et From The		
	Line of Section 35 To	wnship 22S Range	37Е , МРМ,	Lea County		
III.	DESIGNATION OF TRANSPOR	TEB OF OIL AND NATURAL GA	S Address (Give address to whi	ch approved copy of this form is to be sent)		
	Texas-New Mexico Pipe Line Company		P. O. Box 1510, Midland, Texas 79701			
	Warren Petroleum Co	mpany	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102			
	If well produces oil or liquids, give location of tanks,	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	is gas actually connected? Yes	When April 9, 1974		
IV.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order num	ber:		
	Designate Type of Completio	on - (X)	New Well Workover De	epen Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations		<u> </u>	Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			· · · · · · · · · · · · · · · · · · ·			
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 allow- oil, WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum	p, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF		
ļ						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. 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			
	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.		APPROVED			
				led in compliance with BULE 1104		
			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			
	(Signature) Production Manager		teats taken on the well	form must be filled out completely for allow-		
	(Tille) April 9, 1974		able on new and recompl	eted wells. ns I, II, III, and VI for changes of owner,		
	(Date)		well name or number, or t	ransporter, or other such change of condition.		