Form C-104 Revised February 10, 1994

DISTRICT II

PO Drawer DD, Artesia, NM 88211-0719

## **OIL CONSERVATION DIVISION**

Instructions on back Submit to Appropriate District Office 5 Copies

PO Box 2088 Santa Fe, NM 87504-2088

DISTRICT III
1000 Rio Brazos Rd

DISTRICT IV		Aztec, NM 8	7410											AM	ENDED REPORT	
PO Box 2088	, Santa F						. ID. A.I	Imitoni	CZ A CDY	ONT M	2 / III /		DOD#			
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT  Operator Name and Address OGRID Number															er .	
Anada		······································					17									
P. O. E Midlan		9 <i>1</i> as 79702					Reason for Filing Code CG Effective 8-8-96									
A	Pool Na						Pool Code									
<del></del>	-26545 operty Co			LANGLEY DEVONIAN Property Nan									79936 Well Number			
001327				Langley Gr					riffin				001			
II. Sui	Surface Localot n Section		ip	Range	Lot.Idn	Feet fr	rom the North/South Line			Feet from the			ast/West Lin	County		
J	J 28		3	36E		1980		South		1980		1	East		Lea	
		Hole Loc										1				
UL or lot n	n Section Town		nip Range Lot.Id			Feet fro	om the	North/Sou	ith Line	Feet from the		E	East/West Lin		e County	
Lse Code	Producing Method		Code Gas Connection			Date	te C-129 Permit		Number	C-129 E		Effecti	Effective Date C		9 Expiration Date	
	P F I. Oil and Gas Transporters										····	<u> </u>				
Transpor		Gas Irai	Transporter Name				POD			O/G			POD ULSTR Location			
OGRII				and Addres						0,0			and Des			
		GPM, 162			d,		0460230			G						
	Hobbs, Ni	obbs, NM 88240														
														<del> </del>		
IV. Pro	duced	Water												-		
POD ULSTR Location and Description																
V. We	ll Con	npletion	1													
Spuc	d Date	:	Re	Ready Date			TD			PBTD			Perforations			
Hole Siz		ze .		Casing & Tubing		g Size		Depth Set					Sacks Cement			
	<del></del>				<u> </u>											
<del></del>																
			-					······································	<del></del>						<u> </u>	
VI. Wel	ll Test	Data														
Date Nev	w Oil		Gas D	Gas Delivery Date		Test Date		Т	est Lengtl	n Tbg. Pro			essure C:		Csg. Pressure	
Choke Size			Oil			Water			A		AOF	OF		Test Method		
hereby certify	that the	rules of the (	il Con	servation I	Division have	been				1						
complied with	and that ti	he informatio	n give	n above is t	true and com		C	or co	NSER	VAT	TION DIV	ISIC	N			
oest of my knor Signature:	_		1				Approved by:									
Signature.	au	ui al	lar	ns			Approve	Approved by:								
Printed Name:	0					Title:					200 2 450 GAL					
J: Fitle:	ani Ada	ams						A=====	Approval Data:							
s		luction Cle				Approval	Approval Date:									
	26.			Phone	<del></del>	-682-16										
If this is a	change of	f operator fill	in the	OGRID nu	mber and na	me of the	previous	operator								
Previous Operator Signature Printed Name									Title						Date	