HD OF COPIES RECEIVED DISTRIBUTION SAMEANE FILE U.S.G.S LAND OFFICE I BASIPOETER OPERATOR OPERATOR I. PROPIETER Operation	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
Bamedan Oil Corporation Address 2207 Wilco Building, M Reason(2000 billing (Check proper box) New Will Becomment Charana Charana If charge and address H. DESCRAPHICS ON OF WELL AND I	LEASE	isate	from Hughes "B-4"
L'ene Langlie-Mattix " <u>4" Penrose (Queen) Unit</u> Locauet Datages <u>F</u> 198	B- 8 [anglie-Matt:	State, Eederal or	Federal NM 2244
Later + dry 17 Tow	nship 23-3 Range 3'	7-E , NMPM, fe	County
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Texas-New Mexico Pipe Name of Authorized Transporter of Cas Skelly Oil Company If well produces off or liquids, give logation of tarks.	or Condensate	Address (Give address to which approved P. O. Box 1510. Midland Address (Give address to which approved P. O. Box 114. Funice. Is gas actually connected?	Viewas 79701 Copy of this form is to be sent; New Mexico 88231
	h that from any other lease or pool,	give commingling order number: EFFF	CIIVE JANUARY 11 Jan
	Oil Well Gas Well	New Well Workover Deepen	GETTY OUL COMPANYDMERGY
Designate Type of Completio	$n = (\lambda)$ Date Compl. Ready to Prod.		GETTY OIL COMPANYDMERGE
Elevations /DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top Oil/Gas Pay T	ubing Depth
Perforations	I		Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil and	must be equal to or exceed top allou
OIL WELL Date First New Oil Bun To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, e	etc.)
Length of Text	Tubing Pressure	Casing Pressure C	Choke Size
Actual Frod. During Test	Oil-Bbla.	Water-Bbls. G	Gas - MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF G	Gravity of Condensate
Testing Method (pitot, 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. ORIGINAL SIGNED BY		OIL CONSERVATION COMMISSION	
(Signature) William S. McCuen (Signature) William J. McCuen, Production Superintendent (Title) January 10, 1973		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable 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	
