

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATA	

I. OPERATOR

Operator Samedan Oil Corporation

Address 2207 Wilco Building, Midland, Texas 79701

Reason for change (Check proper box) Other (Please explain)

New lease ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Change lease name from Hughes "B-4"

Record change ☐ Casinghead Gas ☐ Condensate ☐

Change in ownership ☐

If change in ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Langlie-Mattix</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Langlie-Mattix</u>	Kind of Lease <u>Federal</u>	Lease No. <u>MM 2244</u>
"B-4" Penrose (Queen) Unit				
Location				
Section <u>17</u> Township <u>23-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				
Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipeline Company</u>	<u>P. O. Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Skelly Oil Company</u>	<u>P. O. Box 114, Eunice, New Mexico 88231</u>
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>17</u> Twp. <u>23-S</u> Rge. <u>37-E</u> Is gas actually connected? <u>Yes</u> When <u>December 13, 1965</u>

If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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  
William S. McCuen

(Signature)

William S. McCuen, Production Superintendent

(Title)

January 10, 1973

OIL CONSERVATION COMMISSION

APPROVED JAN 11 1973, 19

BY Joe D. Ramey  
Dist. I, Supv.

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.