		-			
	DISTRIBUTION				
	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION: Form C-104  REQUEST FOR ALLOWABLE  AND  Supersedes Old C-104 and C-116  Effective 1-1-65			
	FILE				
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE				
	IRANSPORTER OIL GAS				
	OPERATOR	-			
1	PRORATION OFFICE	-			
	Operator .				
	Address BOX 460, Hohts, New Mexic: 88240				
	Box 460, Hills, New Mexic: 88240				
	Reason(s) for filing (Check proper box)  Other (Please explain)				
	New Well Change in Transporter of: 76mfodally Oil Transporter per any				
	New We! Change in Transporter of:  Recompletion  Change in One Change in Transporter of:  Change in Ownership  Change in Transporter of:  Change in Ownership  Change in Ownershi				
	Change in Ownership	Casinghead Gas Cond	iensate LANGLE Lyn	a Queed Unit BThy	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, including	Formation Kind of Le	ase Lease No.	
	LANGINE Lynn Query 4			eral or Fee	
	Unit Letter F; 1980 Feet From The MORTh Line and 1980 Feet From The WEST				
	Line of Section 26 To	ownship 235 Range	36 E , NMPM,	Lea County	
111	DESIGNATION OF TRANSPOR	TER OF OU AND NATURAL O	338		
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil  or Condensate  Address (Give address to which approved copy of this form is to be sent)				
	Permins ColforAfios  Box 3119, Midland, Tekas 79701  Name of Authorized Transporter of Casingneed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	ar i a				
	Phillips Pet Roleym	Unit   Sec.   Twp.   Rge.	is gas actually connected?	ynen (Jassa Texas	
	If well produces oil or liquids, give location of tanks.	M 23 23 36	, ,	NA	
	this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA				
	Designate Type of Completi	on - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diri, Resty,	
	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
į	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations "			Depth Casing Snoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	OEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTRISET	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 alica-				
	DIL WELL able for this depth or be for full 24 hours)  Date First New Ot. Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Hair 10 14:K5	Date of Test	riodicing species (1 low, pamp, gas	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cil-Bhla.	Water - Bols.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
!	Testing Method (nutor hack nr. )	Tubing Brees us / Chut de )	Casing Property (Fort-in)	Chair Star	

## 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.

(Title) 4-9-74 OIL CONSERVATION COMMISSION

APPROVED. BY\_ Joe D. Ramey TITLE \_ Dist. I, Supw.

This form is to be filed in compliance with MULE 1104.

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the ceviation tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or tre aporter, or other such change of condition. Separate Forms C-10: must be filed for each pool in multiply completed wells.

NMOCE (5) FACTALL IT F.12