A DE COMICA MEC	EIVED	
DISTRIBUTE	ON	
SANTA TE		i
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U.3 G.3.		
LANG OFFICE		
TRAUSPORTER	OIL	
THE PART OF TRAM	GAS	
OPERATO		
PROR	CF.	

	SANTA TE FILE U.S.O.G. LANG OFFICE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G.			Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AS	
1.	CRAUSPORTER OIL GAS OPERATO PRORS OF					
	Samedan Oil Corporation	1				
	2207 Wilco Building, Mi		04- (0)			
	New W	Change in Transporter of:	Other (Please e	xplain)		
	Reconstruction Oil Dry Gas					
	Charles orup	Casinghead Gas Conde	nsate			
	If charge the ship give name and addition to evicus owner	Amerada Hess Corporation	P. O. Box 817,	Seminole, Texa	as 79360	
11.	DESCRIPT OF WELL AND			4.3 5.4		
	Federal "H"	Well No. Pool Name, Including F  Langlie-Matti	1	ind of Lease ate, Federal or Fee	Lease No.	
	Location	Tamberson			Cederal IC-045701	
	Mutue 14: H ; 1	.980 Feet From The North Lir	ne and <u>660</u>	Feet From The <b>East</b>	,	
				_		
	Line Version 18 To	wnship 23-3 Range 3	<b>7-</b> E , NMPM,	Lea	County	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA				
	Name of Authorized Transporter of OI	or Condensate	Address (Give address to t			
	The Permian Corporati		P. O. Box 1183. Address (Give address to a	Houston, Texa	is 77001	
	Skelly Oil Company	3. S., 345	P. 0. Box 1351.			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	is 1910T	
	give location of tanks.	Н 18 23-5 37-Е	Yes	12-7-67		
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order no	•		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back	Same Res'v. Diff. Res'v.	
	Designate Type of Completi-	on – (X) X			X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	8-30-67 Elevations (DF, RKB, RT, GR, etc.)	9-13-67 Name of Producing Formation	3775'	37691		
	3337 D. T.	Penrose	Top Oil/Gas Pay 3580	Tubing De <b>361</b> 1	pth	
	Perforations			Depth Cas	ing Shoe	
	3590' to 3735' (w/16	shots)				
			CEMENTING RECORD			
	HOLE S'"E	9 5/8"	331.		250	
	7 7/8"	5 1/2"	37741		300	
			<u> </u>	,		
V.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume pth or be for full 24 hours)	of load oil and must be	equal to or exceed top allow-	
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Siz		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-WCF		
	•					
	GAS WELL	I and a Track	Bhia Cardananta AA/CE	Committee of	Cdd-	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of	Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-ix	Choke Siz	•	
VI.	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.		OIL CONSERVATION COMMISSION			
			N		) , 19	
				Orig. Signed by		
			BY	Joe D. Ramey		
			TITLE Dist. I, Supv.			
	((), =	This form is to be filed in compliance with RULE 1104.				

Division Production Superintendent G. W. Putnam

(Title)

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 and accompleted with accompletely for allowable and accompleted.

RELET /ED

MAR 7 (072 OIL CONSERVATION COMM. HOBBS, N. M.