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NEW MEXICO OIL CONSERVATION COMMIS...ON REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-112

Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Petro-Search Exploration Corporation 825 Petroleum Club Bldg., Denver, 80202 CO Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in name of operator only Recompletion CII Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Mell No. Pool Name, Including Formation Kind of Lease Legse No. Langlie-Mattix SR Penrose Sand Gulf State 3 State, Federal or Fee State K - 3424Location 990 South Line and 660 West Unit Letter Feet From The Feet From The 2 23S Township Range 37E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipe Line Co. P. O. Box 1510, Midland, TX 79701
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🔀 P. O. Box 1589, Warren Petroleum Company Tulsa, OK 74102 is gas actually connected? When If well produces oil or liquids, 238 D 2 37E Yes 4/9/.74 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Deepen New Well Workover Plug Back | Same Resty, Diff. Resty Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, 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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able 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 Casina Pressure Choke Size Actual Pred. 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 (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size ADOR COMMISSION 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. APPROVED. Orig. Signed by 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. Vice President of Production All sections of this form must be filled out completely for allow-(Title) able on new and recompleted wells. 2/22/78

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.



FEB 2 8 1978

HOBBS, N. M.