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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	Ľ_		
	GAS			
OPERATOR				
PRORATION OFFICE				

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l	DISTRIBUTION	NEW MEXICO OIL CO	CNSERVATION COMMISSION	Form C-104			
{	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE		AND Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
	LAND OFFICE						
	TRANSPORTER OIL						
	GAS						
İ	OPERATOR						
1.	PRORATION OFFICE						
	Operator						
		ny Division of Atlantic	Kichilela Company				
İ	Address			1			
	P.O. Box 1710, Hobb		16: 10:				
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well X	Change in Transporter of:		İ			
	Recompletion	Oil Dry Gas	=	ł			
	Change in Ownership Casinghead Gas Condensate						
i							
	If change of ownership give name and address of previous owner						
	ally address of previous owner.						
II.	DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, Including Formation						
	T. M. Lankford WN	3 Langlie Matti	x 7 R Qn. 6/38 State, Federal	or Fee Fee			
	Location						
	D . 66	O Feet From The North Line	e and 660 Feet From T	heWest			
	Unit Letter;;	Con 1 tom 1 me Chin					
	Line of Section 25 Tow	mship 23S Range	36E , NMPM,	Lea County			
	Lame of section 20 10.						
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S				
.,1.	Name of Authorized Transporter of Oil	X or Condensαte	Address (Give address to which approv	ed copy of this form is to be sent)			
	Texas New Mexico Pipel		P.O. Box 2528, Hobbs.	New Mexico 88240			
	Name of Authorized Transporter of Cas	inghead Gas A or Dry Gas	Address (Give address to which approv				
	El Paso Natural Gas Co		P.O. Box 1384, Jal, Ne	W Mexico 88252			
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe				
	If well produces oil or liquids,			5-8-81			
	give location of tanks.	C 25 23S 36E	<u>, , , , , , , , , , , , , , , , , , , </u>)-0-01			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA Oil Well Gas Well New Well Workove: Deepen Plug Back Same Res'v. Diff.						
	Designate Type of Completio		X				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded	5-8-81	3750'	3681'			
	4-2-81	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)		3445'	3646'			
	3364' GR	Seven Rivers Queen	J 3330 .	Depth Casing Shoe			
	Perforations 3445, 50, 64, 70, 84, 88, 3504, 14, 20, 27, 32, 53, 59, 64, 70, 78, 87, 92, 3724'						
		0, 0004, 14, 40, 41, 32,	CEMENTING RECORD	··			
	3633, 42, 47, 52, 3664		DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	 	<u> </u>			
	124"	8 5/8" OD	1211'	850			
	7 7/8"	5½" OD	3724'	850			
		2 3/8" OD	3646'	ļ ————————————————————————————————————			
		<u> </u>		<u> </u>			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil o	and must be equal to or exceed top allow-			
- •	OIL WELL	EST DATA AND REQUEST FOR ALLOWABLE (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) [I. WELL] Declared Method (Flow, pump, sas lift, etc.)					
	Date First New Oil Run To Tanks	New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	4-30-81		PUMP	Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure				
	24 hrs.	-	Water-Bbls.	Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.					
	50 bbls	22		45			
	GAS WELL		Taile a second	Complete of Condenses			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
			150	Chala Star h			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
				<u> </u>			
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION				
VI. CERTIFICATE OF COMPRIATED							
	I hereby certify that the rules and	regulations of the Oil Conservation	BY				
	a table book complied t	with and that the information given					
	above is true and complete to the	e best of my knowledge and belief.					
	^	Λ.		llance with mul E 4404			
	$O = I \otimes O$.	ما م	This form is to be filed in compliance with RULE 1104.				
	Jorryal & huce	or V	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				
	(Sign	ature)	tests taken on the well in accordance with RULE 111.				
Dist. Drlg. Supt.			All sections of this form must be filled out completely for allow-				

(Title)

(Date)

5-19-81

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 transporter or other such change of condition.

Baparate Forms C-104 must be filed for such pool in multiply