

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address McDonnold Operating, Inc. 505 N. Big Spring, Suite 204 Midland, TX 79701		OGRID Number 014372
		Reason for Filing Code CH & CO
API Number 30-025-11176	Pool Name Langlie Mattix Seven Rivers Queen Grayburg	Pool Code 37240
Property Code 010021 14465	Property Name Langlie Jack Unit	Well Number 11

II. Surface Location

UL or lot no. L	Section 21	Township 24S	Range 37E	Lot Ida	Feet from the 1980	North/South Line South	Feet from the 660	East/West line West	County Lea
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Bottom Hole Location

UL or lot no. L	Section 21	Township 24S	Range 37E	Lot Ida	Feet from the 1980	North/South line South	Feet from the 660	East/West line West	County Lea
Lea Code	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
020809	Sid Richardson Gasoline Co. 201 Main-1st City Bank Tower Ft. Worth, TX 76102	2252230	G	G 20 24S 37E Lea County
007440	EOTT Energy Corp. P.O. Box 4666 Houston, TX 77210-4666	2252210	O	G 20 24S 37E Lea County

IV. Produced Water

POD 2252210	POD ULSTR Location and Description G 20 24S 37E Lea County
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Craig M. McDonnold*

Printed name: Craig M. McDonnold

Title: President

Date: 4/14/94

Phone: (915) 682-6396

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON

Title: DISTRICT SUPERVISOR

Approval Date: APR 22 1994

If this is a change of operator fill in the OGRID number and name of the previous operator
020311 Santa Fe Exploration Company

Previous Operator Signature

Richard C. Gilliland

Printed Name

Richard C. Gilliland Petroleum Engineer

Title

Date

4/12/94

RECEIVED

APR 21 1994

OFFICE

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Santa Fe Exploration Company		Well API No. 30-025-11176
Address P. O. Box 1136, Roswell, New Mexico 88202-1136		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Effective 11-1-91	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie-Jack Unit	Well No. 11	Pool Name, including Formation Langlie Mattix 7 Rvrs Queen	Kind of Lease State Federal or Fed	Lease No. 8910089100
Location Unit Letter <u>L</u> : 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>24S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Ref Co</u>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Sid Richardson Carbon & Gasoline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>1st City Bank Tower, 201 Main, Ft. Worth, TX</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>20</u>	Twp. <u>24S</u>	Rge. <u>37E</u>
			Is gas actually connected? <u>Yes</u>	When ? <u>Unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	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

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 Tank	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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Janet A. Royal
Signature
Janet A. Royal Production Analyst
Printed Name
10/30/91 (505) 623-2733
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____ sig. Signed by
Paul Kautz
Geologist
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.