/ <u>**</u>		- *		
NO. OF COPIES RECEIVED				
DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104	
FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.		AND ANSPORT OIL AND NATURAL		
LAND OFFICE		ANSFORT OIL AND NATURAL	. GAS	
IRANSPORTER OIL GAS				
OPERATOR PRORATION OFFICE				
Ciperator	i			
Conoco Inc Address				
	60, Hobbs, New Mexico 882	240		
Reason(s) for filing (Check proper New Well	box) Change in Transporter of:	Other (Please explain)		
Recompletion	Cil Dry G	Change of corpo	orate name from	
Change in Ownership	Casinghead Gas 🗌 Conde	$\frac{1}{2} \int July 1, 1979.$	Company effective	
If change of ownership give nam and address of previous owner _	e			
I DESCRIPTION OF WELL AN				
II. DESCRIPTION OF WELL AN Lease Name	Well No. Pool Name, Including 5	formation [Kind of Lec	ise Lease No. 1	
Langlie Jack Din	t 16 Langlie Matt	X TRyrs. Queen State, Fede	_	
Location	j		i	
Unit Letter ;(<u>e (e O</u> _Feet From TheLi	ne and <u> </u>	n The	
Line of Section 2/	Township $24-5$ Bange	37-E , NMPM,		
<u>ہے۔</u> ۲		<u> </u>	(e) County	
I. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of		Address (Give address to which appr		
Name of Authorized Transporter of	Casinghead Gas 10 or Dry Gas	Box 1510 Midland Address (Give address to which appr	e Texas	
El Paso Natural		Box 1384, Jal,	- +	
If well produces oil or liquids,	Unit Sec. Twp. Pge.		//////////////////////////////////////	
give location of tanks.				
If this production is commingled	with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen		
Designate Type of Comple	etion $= (X)$	liew werr workover Deepen	Plug Back Same Resty, Dift. Resty,	
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth	
Perforations			Depth Casing Since	
			Depth Casing shoe	
	TUBING, CASING, ANI	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1		
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
OIL WELL Date First New Cil Run To Tanks	able for this de	pth or be for full 24 hours)		
Edite Finst New Cit Adn 10 . daka		Producing Method (Flow, pump, gas l	ift, etc.j	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod, During Test	011 · Bb1s.	Water-Bbis.	Gan - MCF	
l				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA	NUE	OIL CONSERVA	ATION COMMISSION	
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 19		
		And And And And		
		BY COULD LIP		
And a		TITLE District Supervisor		
AMA		This form is to be filed in compliance with RULE 1104.		
(Signature)			wable for a newly drilled or deepened	
(Signature) Division Manager		well, this form must be accompa tests taken on the well in accomp	nied by a tabulation of the deviation - rdance with RULE 111.	
•·····································	Title)		ast be filled out completely for allow-	
6-12-79		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,		
	Date,	well name or number, or transport	ter, or other such change of condition.	
USGS(D) PARTNERS FILE		Separate Forms C-104 mus	t be filed for each pool in multiply	

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

		-	
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DISTRIBUTION			
SANTA FE		INSERVATION COMMISSION	Form C-104 Superseaes Old C-104 and C-110
FILE	REQUEST F	FOR ALLOWABLE AND	Effective 1-1-65
U.S.G.S.	ANTHODIZATION TO TRAN	AND VSPORT OIL AND NATURAL GAS	
LAND OFFICE	AUTHORIZATION TO TRAI	SPURT OIL AND NATURAL GAS)
01L			
TRANSPORTER GAS I			
OPERATOR			
PROPATION OFFICE			
Operator			
Conoco Inc.			-
Address			2
	Hobbs, New Mexico 8824		
Reason(s) for filing (Check proper box)	_	Other (Please explain)	
New Well	Change in Transporter of:	Change of corporat	
Recompletion	Oil Dry Gas		mpany effective
Change in Cwnership	Casinghead Gas Condens	sate July 1, 1979.	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
Sack R-21	/ Jalmat Vate		Fee 203232610
Location			
Unit Letter M ; 660	S Feet From The S	e and <u>leled</u> Feet From The	\sim
Line of Section 21 Town	$\frac{24-5}{\text{Range}}$	37-E, NMPM, LEZ	County
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	<u>S</u>	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	copy of this form is to be sent)
Name of Authorized Transporter of Casi	nghead Gas or Dry Gas	Address (Give address to which approved	11 . and 200
ElPaso Natural	gas Co.		N. M. 88252
If well produces oil or liquids,	Uhrt Sec. Twp. Rge.	Is gas actually connected? When	_
give location of tanks.	i ¹ .		j
If this production is commingled with	i that from any other lease or pool, i	give commingling order number:	
. COMPLETION DATA	Cii Well Gas Weli	New Well Workover Deepen 1	Plug Back Same Resty, Diff. Resty.
Designate Type of Completion			
	Date Compi, Ready to Proa.	Tota, Depth	 P.B.T.D.
Date Spudaed			
Elevations (DF, RKB, RT, GR. etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
			1
Perforations		· · · · · · · · · · · · · · · · · · ·	Depth Casing Snce
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	iter recovery of total volume of load oil an	d must be equal to or exceed top allow-
OIL WELL	able for this de	pch or be for full 24 hours)	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	<i>c,</i>
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Crame Lingang	
	Cilla Bhie	Water-Bbls.	Gas - MCF
Actual Prod. During Test	Cil-Bhis.		
l		!	<u></u>
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
. CERTIFICATE OF COMPLIANC	CE ·	OIL CONSERVAT	ION COMMISSION
			17 17 17
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 19 19	
\sim		TITLE District Super	visor ·
Part		This form is to be filed in co	mpliance with RULE 1104.
Hansen		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	n Manager	tests taken on the well in accord	ince with RULE 111.
(<i>T</i> i:		All sections of this form must able on new and recompleted well	be filled out completely for allow-
1,-17	- 79	Eill out only Sections I II	TIT and VI for changes of owner,
NMOCD (5)	ie)	well name or number, or transporter	, or other such change of condition.
(1565 (2) M	UMEU(4) FILE	Separate Forms C-104 must	be filed for each pool in multiply
	-	completed wells.	