District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

District IV Santa Fe, NM 87504-2088	
A V APPA ALIEN. JERIE HA NAM WYERA 7000	
PO Box 2088, Santa Fe, NM 87504-2088 I. REQUEST FOR ALLOWARI F AND ALITHODIZATION TO	AMENDED RE
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANS:	PORT
1 renir oc Oil Coeppeation 1 "OCRI	ID Number
1 40 1300 Daily	
Hobbs, NM 88241-5970 Fff 9/119	or Filing Code
API Number CH	
Langlie Mattix 7 Piyona Our an	' Pool Code
Property Name	37240
002824 \S \X \ Langlie Mattix Unit	' Well Number
II. Surface Location	788
Range Lot.ldn Feet from the North/South Line Feet from the Fast/We	est line
Bottom Hole Location	Lea Lea
Range Lot Idn Feet from the North/South line Feet from the Fast/Wa	-4 H.
B 23 24S 37E - 660 North	County
Gas Connection Date C-129 Permit Number C-129 Effective Date	Lea 17 C-129 Expiration Da
I. Oil and Gas Transporters	C-129 Expiration Da
Transporter "Transporter Name "POD "	
OCDID H DOD "	TR Location
020667 Shell Pipeline Corporation and Dec	cription
P. O. Box 1910 Midland TV 0744110 0 1-14 04-1	
19702	
020809 Sid Richardson Carbon & 0744130 G	
First City Tower	
201 Main St.	
Fort Worth, TX 76102	
Produced Water	
Produced Water	
POD ULSTR Location and Description	
Well Completion Data	
# C 1 D.	
Spud Date " Ready Date " TD " PBTD	18 P
M II. L et	1º Perforations
Casing & Tubing Size	Sacks Cement
	Cement .
Well Test Data	
M Date New Oil M.C. D.	
Date New Oil Sas Delivery Date Test Date Test Date Test Length Thg. Pressure	
** Chake Size	" Cag. Presoure
"Oil "Water Gas "AOF	4 ~
reby certify that the and	4 Test Method
are: OIL CONSERVATION DIVIS	SION
Approved by:	
M-G- Morcha	
Prince / Approval Date:	
9/14/94 Phone: 202 9 50 0 0 1 0 7 1004	
the of the operator full in the OGRID number and name of the	
a das doip. 00453/	
Previous Operator Signature Printed Name	

Sharon Ward

Date

7-15-94

Title

Prod. Reg. Supv.

New Mexico Oil Conservation Division C-104 Instructions

F THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 If for any other reason write that reason in this box. 3.

- 4 The API number of this well
- The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10. 11
- The bottom hole location of this completion
- 12. Lease code from the following table: Federal State S Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:

 F Flowing
 Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion 16
- MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18 The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table: Oil Gas

- T: e ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- 29, Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33 Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- 41 Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing S Swapping If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.