		and the second s		• .		
1	LO. DF COPILS PECEIVED	:	1			
	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COM	SION	Form C-104	
	REQUEST FOR ALLOWABLE				Supersedes Uld C-104 and C-	
	FILE				Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND I	NATURAL GAS		
	LAND OFFICE			•		
	IRANSPORTER GAS					
	OPERATOR:	- · · ·			•	
	PROPATION OFFICE			· · · · · · · · · · · · · · · · · · ·		
	Operator			. .		
	TAHOE OIL & CATTLE	<i>co</i>				
	Address 4402 M Industrial	Midland, Texas 79703				
	4402 W. Industrial, Recson(s) for filing (Check proper box)	Midiana, lexas 19705	Other (Please	explain)		
	New Wall	Change in Transporter of:	_			
	Recompletion					
	Change in Ownership	Casinghead Gas Condens				
	If change of ownership give name	Crown Central Petroleum	Corp 4000 N	Bia Sprina	Suite 213	
	and address of previous owner	Clown central recipieda	and the second	, Texas 797		
	DESCRIPTION OF WELL AND L	EASE	· · · · · · · · · · · · · · · · · · ·	· · ·		
-11.	Lesse Name	Well No. Pool Name, including 10		Kind of Lease State, Foderal pr 1	Lease No. NM	
	Jacks B 26	1 Langlie Matt			0321613	
	Location		Greyburg		147	
	Unit Letter N : 660	Feet From TheSLine	and <u>1980</u>	Feet From The _	W	
	Line of Section 26 Tow	nship 245 Range 3	7 <i>E</i> , NMPN	I. I.	eaCounty	
	Line of Section 26 Tow	210	<u></u>			
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S	to which approved a	opy of this form is to be sent)	
	None of Authorized Transporter of Oil	or Condensate	Address (offer address			
•		Shell Oil Company P. O. Box 2648, Houston, Texas 77001 None of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas		P. O. Box 149	2, El Paso,	Texas 79978	
		Unit Sec. Twp. Pge.	is gas actually connect	ed7 When		
	If well produces oil or liquids, give location of tarks, K 26 24 37					
	If this production is commingled wit	h that from any other lease or pool, j	give commingling orde	r number:		
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same I					ug Back Same Res'v. Dill. Res'	
	Designate Type of Completio	n = (X)				
	Late Spudoed	Date Compl. Recay to Fred.	Total Depth	P.	R.T.D.	
				T	bing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			
	Destantions			De	pth Casing Shoe	
	Perforations					
		TUBING, CASING, AND	CEMENTING RECOR	<u> 10</u>		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEMENT	
					······································	
			1			
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 allo able for this depth or be for full 24 hours)					
¥.	OIL WELL		Producing Method (Flo			
	Date First New Oil Run To Tanks	Date of Test	FIGLICING MINING (FIG		· · · · ·	
		Tubing Pressure	Casing Pressure	c	hoke Size	
	Length of Teet					
	Actual Pred. During Test	Oll-Bble.	Water-Bbls.	G	as - MCF	
			l			
	* <u></u>	¢				
	GAS WELL Actual Fras. Tuet-MOT/D	Length of Test	Bbla. Condensate/MM	CF G	ravity of Condensate	
	Actual Fras. Terrenceryb					
	Teeting Method (pitol, back pr.)	Tubing Presews (Shot-in)	Casing Pressure (Shu	t-1D) C	hote Size	
			ļ		ON COMMISSION	
vi	. CERTIFICATE OF COMPLIAN	CE		CONSERVATI	ON COMMISSION	
		APPROVED UEU (1900) 19				
	I hereby certify that the rules and Commission have been complied of	ONGINAL				
	Commission have been complied t above is true and complete to the					
			TITLE			
		/	This form is	to be filed in con	pliance with RULE 1104.	
	X. G. Mice	JI	-I ha scromosoid	ie for a newly drilled or deeper d by a tabulation of the deviat		
	(Sign	If this is a region for anomalie by a industion of the deviat well, this form must be accompanied by a industion of the deviat tests taken on the well in accordance with RULE 111. All suctions of this form must be filled out completely for all able on new and recompleted wells.				
	Owner/Petroleu					
	•	rle) ·	I when the stand to the od VI for thenges of own			
	November 26, 1985 (Date)		well name or number, or transporter, or transp			
	•	Separate Fornia C-104 must be filed for each pool in multi				



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