. OF COPIES RECEIVED			
DISTRIBUTION		NSERVATION COMMISSION	Form C-104 Supersedes Old C-1
NTAFE	REQUEST F	OR ALLOWABLE AND HORMAN STERE. C. C.	Effective 1-1-65
ILE	-		
J.S.G.S.	_ AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS	
LAND OFFICE	-	JUL 31 3 JA TH '67	
TRANSPORTER GAS	_		
OPERATOR			
PRORATION OFFICE			
Operator			
Amerada Petroles Address P.O. Box 668 - 1	lebbs, New Mexico	Other (Please explain)	
Reason(s) for filing (Check proper bo:		Other (Please explain)	
New Well	Change in Transporter ci:		
Recompletion			
Change in Ownership	Casinghead Gas Condens		
If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name	LEASE Lease No. Well No. Pool Nam	e, morang remainen	ind of Lease
Langlie Mattix Woolwer	th Unit Tract 1 Well 3	Ianglie Mattix s	tate, Federal or Fee Fee
	50 Feet From The North Line	and Feet From The	West
Line of Section 28 T	ownship 248 Range	378 , DIMEM,	Count
DESIGNATION OF TRANSPOL Name of Authorized Transporter of O	TER OF OIL AND NATURAL GAS	S Address (Give address to which approved	copy of this form is to be sent)
Shell Pipe Line Co Shell Pipe Line Co		P.O. Bex 1598, Hebbs, No. Address (Give address to which approved	copy of this form is to be sent)
KI Pase Natural G	s Ce.	P.O. 1492, El Pase, Tex Is gas actually connected? When	
If well produces oil or liquids,			
give location of tanks.	I 28 245 37E		
If this production is commingled v COMPLETION DATA	vith that from any other lease or pool, f	give commingling order number:	Plug Back / Same Resty. Diff. Re
Designate Type of Complet			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	, Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations		<u>;</u>	Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil an ephone of for full 24 hours)	id must be equal to or exceed top a
OIL WELL		Producing Method (Flow, pump, gas lift,	etc.)
Date First New Oil Run To Tanks	Date of Test	producing Manica Prick, pump, and and	· · · ·
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oil-Bbls.	Water - Bb.s.	Gas - MCF
Actual Prod. During Test	0		
GAS WELL		Bbis, Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
. CERTIFICATE OF COMPLIA	ANCE	OIL CONSERVA	TION COMMISSION
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED	, 19
			(The spin
above is true and complete to	the best of my knowledge and belief.		
			ompliance with BILL F 1104
13		This form is to be filed in c	able for a newly drilled or deep
K. Signature)			lied by a labulation of the dote
		1 1 waay area area area area area area area a	lence with BULE 111.

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District Superintendent (Title) 7-31-67 (Date)

tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-able 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.