Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer DD, Artenia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 I.	Santa Fe, New Mexico 87504-2088											-104 1-1-89 ructions m of Page	
Operator		INC.	Well				API No. 025-11323 Ων						
Address		Ρ.	О. В	OX 5	51810,	MI	DLAND	. TX	79	9710181	0	//\	
Reason(s) for Filing (Check proper box) New Well Recompletion Change is Operator		Change	ia Transpo Dry Ga Condes	orter of: us [ usate [		Oth	et (Please es	eplain)					
and address of previous operator UN			ROLEU	M, P	.0. BO	<u>(</u> 21)	20, HOU	STON,	TX	77252	<u> </u>		
IL DESCRIPTION OF WELL Lesse Name	AND LE		Pool N	ame, inc	luding For		••		Kind	or Leade		ase No.	
Langlie Jal Unit		19	Lan	glie	Matti	c (SI	RQ)	(	Sine			15870	
Unit Letter	_ :19	80	_ Feet Fr	om The	S	_ Lin	e and66	0	Fe	set From The	W	Line	
Section 32 Townsh	<b>p</b> 2	4S	Range		87E	. N	MPM,	L	ea			County	
III. DESIGNATION OF TRAN	ISPORTI	CR OF C	IL AN	D NA1	TURAL		· -	ec	1	<u></u>	<u> </u>		
Name of Authorized Transporter of Oil Shell-Pipeline Compar	<b></b>	or Conde			Addre	ss (Gin	e addrese io	which ap	proved	copy of this for TX 772		nt)	
Name of Authorized Transporter of Casin	ghead Gas	I	or Dry	Ges [	Addre	s (Gin	address to	which ap	proved	copy of this for	rm is to be se	u)	
If well produces oil or liquids,				R		201 Main Street, Ft. W			. Wo	orth, TX 76102			
give location of tanks. If this production is commingled with that	from any of			1		-		i					
IV. COMPLETION DATA													
Designate Type of Completion	- (X)	Oil Wel	1   C	ias Well	New	Welt	Workover	De	ipee	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready t	o Prod.		Total	Depth		<b></b>		P.B.T.D.		L	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay					Tubing Depth		
erforstions						<u></u>				Depth Casing Shoe			
	1	UBING.	CASIN	IG AN	D CEME	NTT	IG RECO	RD					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
V. TEST DATA AND REQUES						·	<del></del>			<u> </u>			
DIL WELL (Test must be after re Date First New Oil Rua To Tank	Covery of to Date of Tel	tal volume L	of load o	i and m	est be equa Produci	ng Met	nceed top el hod (Flow, p	llowable j zemp. gai	for this t lift, el	depth or be for ic.)	full 24 hours	r.)	
ength of Test	Tubing Pre	Fubing Pressure				Casing Pressure					Choke Size		
Actual Prod. During Test	Oil - Bbls.	)il - Bbls.				Water - Bbla.				Gas- MCF			
GAS WELL													
Actual Prod. Test - MCF/D	Length of 1	ength of Test				Bbis. Condensate/MMCF					Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Pres	ubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
					 		-						
I. OPERATOR CERTIFICA I hereby certify that the rules and regula Division have been complied with and this is true and complete to the best of my in Manual Signature	tions of the (	Dil Conserv Inition give d belief.	ation above	<u> </u>			Approve Origin/	ed	NED (	TION D	8 1991,	N	
Printed Name D-1-91 (C) Date	<del>E</del> 715)	688	Title Title -690 shoase No.	<u>'sst</u> 06	•	itle_		HETRIC	TISU	JPERVISON	EXTON:		

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

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

OCT 11 1991

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