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W MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS SEP 12 Sign IM YAR NAME CHANGE AMERADA PETROLEUM COPR TO AMERADA HESS CORP. Operator EFFECTIVE July 1, 1969 <u> Amerada Petroleum Corporation</u> P. O. Box 668 - Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: To Change Well Name & Number Oil Dry Gas Recompletion Effective 9-1-68. from Langlie Mattix Casinghead Gas Condensate Change in Ownership Woolworth Unit Tr. 14 Well #2. If change of ownership give name and address of previous owner ____ I. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Fee Langlie Mattix Woolworth Unit 142 <u>Langlie Mattix</u> 2310 Feet From The South Line and 990 Unit Letter , NMPM, Township 24-S Range 37-E County I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate NONE - Water Injection Well or Dry Gas Address (Give address to which approved copy of this form is to be sent) NONE When Twp. Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: . COMPLETION DATA Gas Well New Well Oil Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Tubing Depth Name of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION I. CERTIFICATE OF COMPLIANCE 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. APPRO BY SUPERVISOR DISTRICT TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature) Dist

(Title)

(Date)

9-4-68

All sections of this form must be filled out completely for allowable 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.