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_W MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS SEP 12 47 EM 268		
TRANSPORTER OIL GAS OPERATOR	 	NAMA	E CEVANOS DADE O TEPPOLETÍM DOPRA
PRORATION OFFICE Operator			MENTER OF THE STOPE
	leum Corporation		1, 1, 23 1, 1, 55
Address P. O. Box 668	- Hobbs, New Mexico		
Reason(s) for filing (Check proper box)	Other (Please explain)	l Name C Number
New Well Recompletion	Change in Transporter of: Oil Dry Go		l Name & Number -68. from Langlie Mattix
Change in Ownership	Casinghead Gas Conde	woolworth Un	it Tr. 12 Well #2.
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F	Charles Elevision	
Location	h Umit 122 Langlie M		
Unit Letter F; 198	O Feet From The North Li	ne and 1980 Feet From	The West
Line of Section 34 To	wnship 24-S Range	37-E , NMPM, Le.	a County
	mon on our and marrinar Co	10	
Name of Authorized Transporter of Oi		Address (Give address to which appro	oved copy of this form is to be sent)
NONE - Water Name of Authorized Transporter of Co	Injection Well singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
NONE If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	nen
give location of tanks.			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		D CEUENTING DECORD	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
11022 012			
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oi lepth or be for full 24 hours)	l and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION		ATION COMMISSION	
		APPROVED	19
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.		and there	
		BY	
11/2/1		This form is to be filed in	compliance with RULE 1104.

(Signature)

(Title)

(Date)

Asst. Dist. Supt

9-4-68

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.

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.