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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. **Gulf Oil Corporation**  
**P. O. Box 980, Kermit, Texas 79745**  
Reason(s) for filling (Check proper box) ☒ Change in ownership whereby ☒ Change in Transporter ☐ Other (Please explain)  
Change in lease and well name. Was Skelly Oil Co.'s State "L" Lease, Well No. 1. Effective 1-1-68

If change of ownership give name and address of previous owner **Skelly Oil Company, P. O. Box 1650, Tulsa, Oklahoma 74102**

II. **DESCRIPTION OF WELL AND LEASE**  
Lease Name **Stuart Langlie Mattix Unit** Well No. **102** Pool Name, including Formation **Langlie Mattix** Kind of Lease **State** State, Federal or Fee **B-1328**  
Location **Unit Letter E 1980 Feet From The North Line and 660 Feet From The West**  
Line of Section **2** Township **25-S** Range **37-E** NMPM **Lea** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) **Texas-New Mexico Pipe Line Company P. O. Box 1510, Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) **El Paso Natural Gas Company P. O. Box 1384, Jal, New Mexico**  
If well produces oil or liquids, give location of tanks. Unit **F** Sec. **2** Twp. **25-S** Rge. **37-E** Is gas actually connected? **Yes** When **Unknown**

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. **COMPLETION DATA**  
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.  
Date Spudded ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ P.S.T.D.  
Name of Producing Formation ☐ Top Oil/Gas Pay ☐ Tubing Depth  
Depth Casing Shoe ☐  
**TUBING, CASING, AND CEMENTING RECORD**  
HOLE SIZE ☐ CASING & TUBING SIZE ☐ DEPTH SET ☐ SACKS CEMENT ☐

V. **TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (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)  
Date First Flow - if four 24 Tanks ☐ Date of Test ☐ Producing Method (Flow, pump, gas lift, etc.) ☐  
Length of Test ☐ Tubing Pressure ☐ Casing Pressure ☐ Choke Size ☐  
Actual Flow - if four 24 Tanks ☐ Oil-Bbls. ☐ Water-Bbls. ☐ Gas-MCF ☐

**GAS WELL**  
Actual Flow - if four 24 Tanks ☐ Length of Test ☐ Bbls. Condensate/MMCF ☐ Gravity of Condensate ☐  
Producing Method (pilot, back pr.) ☐ Tubing Pressure ☐ Casing Pressure ☐ Choke Size ☐

VI. **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.  
**C. E. Fidler**  
**Area Engineer**  
**December 27, 1967**  
OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out Sections I, II, III, and VI only 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.