Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		is and N	New Mexico anural Resources Department					Form C-104 Revised 1-1-89 See Instructions				
DISTRICT II P.O. Drawer DD, Artenia, NM 88210		OIL CONSERVATION DIVISION P.O. Box 2088								at Bo	tom of Page	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			Santa Fe	, New I	Mexico	87504	-2088					
I.	REC						UTHOF		1			
Operator					IL AND	NAT	URALO		II API No.			
Address		DIAN						3(0-025-114	73	0	
Reason(s) for Filing (Check proper box) New Well	P.	<u>О. В</u>			MIDL		TX (Please ex	<u>79710</u> piain)	1810			
Recompletion	Oil	Change	ів Тпавере ⊥ Dту Ga									
Change in Operator 2	Casingh	ad Gas	Conde									
and address of previous operator	ION TEX	AS PE	FROLEU	M, P.	D. BOX	2120), Hou	ston, T	X 77252			
I. DESCRIPTION OF WELL	AND LE											
Lesse Name Langlie Jal Unit		Well No			ding Form Mattix		<u></u>		d of Lease		Leans No. 0115870	
Location						(510				0910	5115870	
Unit Letter	_ :19	80	Feet Fr	om The _	N	_ Line a	ad	80	Feet From The	IJ	Line	
Section 6 Townshi	p 2	<u>5</u> S	Range	37E		. NMP	М.	Lea			County	
II. DESIGNATION OF TRAN	SPORTI	ER OF (DIL AN		JRAL G	ias ~	Inje	ectio				
Name of Authorized Transporter of Oil -Shell-Pipeline Compar		or Cond			Address	s (Give a	ddress to v	whick approv	ed copy of this j		rent)	
Name of Authorized Transporter of Casin	ghead Gas	X	or Dry	Gas 👘	P.O.	<u>Box</u> I (Give a	<u>2648</u>	Houston	n TX 7 Id copy of this f	7 <u>252</u>	tent)	
Sid Richardson Carbor					201	Main	Stree	t, Ft. 1	Worth, Th			
ve location of tanks.	Unit	Sec.	Twp.	Rga	ls gas a	ctually o	maected?	Whe	na ?			
this production is commingled with that : V. COMPLETION DATA	from any ou	her lease o	r pool, giv	e commin	ting order	oumber:						
		Oil We		as Well	New	wait I v	Vorkover	Derror	Dive Deat			
Designate Type of Completion					i	i	I OLEOVEL	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready (io Prod.		Total D	rpth			P.B.T.D.	A	L	
levations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth		
erforations					<u> </u>				Depth Casing Shoe			
										g shoe		
					CEME		RECOR					
	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT				
					1							
			·									
TEST DATA AND REQUES												
IL WELL (Test must be after re use First New Oil Run To Tank			of load o	l and mus	be equal	10 or esc	end top all	lowable for th	is depth or be f	or full 24 hou	F3.)	
	Date of Te				Producin	g Melho	d (Flow, p	ump, gas lift,	elc.)			
agth of Test	Tubing Pre	Tubing Pressure				Casing Pressure				Choke Size		
ctual Prod. During Test	Oil - Bbls.	Dil - Bbls				Water - Bbis						
									Gas- MCF			
AS WELL												
ctual Prod. Test - MCF/D	Length of	[est			Bbls. Co	nden sate	MMCF		Gravity of C	ondenane		
sting Method (puot, back pr.)	Tubing Pre	saure (Shui	l-m)		Casing P	TELGUIS (Shut-in)	······	Choke Size			
					 				: 			
I. OPERATOR CERTIFICA I hereby certify that the rules and regulat	ATE OF		'LIAN	CE		OII		ISERV		DIVISIO	N	
Division have been complied with and it is true and complete to the best of my kn	tat the infor	mation riv	en above						not	A la soc	_	
Is use and complete to the best of my to	iomicade 11	g deijel.			D	ate Ar	oprove	d	OCT ;	<u>8 8 199</u>	1	
<u> </u>	<u></u>						ORIGIN		BY JERRY	SEXTON		
S. construction		- 72	: /	7	H B)	/		DISTRICT	SUPERVISO	R		
Signature ,	ا ا مر آب	1.12	1 1									
<u> </u>	<u>977</u> 1977	<u>- prince</u> Second	Title	<u></u>	Ti	tle						
<u> </u>	974) 974)	488	Title		Ti	tle			·			

- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, 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 multiply completed wells.

with Rule 111.