NO. OF COPIES HECFIVED	1
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
18ANSPORTER	
GAS	
OPERATOR	
PROBATIO: DIELOT	

I.

II.

III.

IV.

DISTRIBUTION	NEW MENT OF OUR PROPERTY.			
SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form Ci-104 Supersedes Old C-104 and C-110	
FILE		AND	Effective 1-1-65	
U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
LAND OFFICE				
TRANSPORTER GAS	_			
OPERATOR :	-	•		
PROBATION DEFICE				
Amoco Production	Company			
BOX 68, HOBBS, N. M.	88240			
Reason(s) for thing (Thick proper bo		Ciper (Please explain)		
New Well	Change in Transporter of:	Change in owner	nship previously	
Recompletion	O:1 Dry Ga	s = regreez by which	n caepus	
Change in Cwiteratup	Casinghead Gas Conder	asate Wron.		
If change of ownership give name and address of previous owner	NION TEXAS PREIFIC	1300 WILCO BLDG.	MIDIAND JEXAS	
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, including F	ormation Kind of Lease	Lease No.	
LANGLIE "A" JEDERA			or Fee Jed 032511-A	
Location Unit Letter λ ; 198	80 Feet From The SOUTH Lin	e and 660 Feet From T	he WEST	
	25 5	3 G F	ne WES /	
Line of Section 9 To	ownship 25-5 Range	3/-E , NMFM, LEA	//// County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	od som of this form is to be seen.	
Name of All horry of Transporter of Or	or Condensate	Radiess (Give address to which approv	ea copy of this form is to be sent)	
Name of Action not Transporter of Co	asinghead Gasor Dry Gas 🔀	Address (Give address to which approv	ed copy of this form is to be sent)	
EL FASO NATUR	AL GAS CO	Box 1384, JAL	<u>/\/. /\/.</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	7-24-58	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Flestv. Diff. Restv.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	2.0.2.2	
Date Spaceed	Date Compt. Reday to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, PKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	<u> </u>			
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	 	•	•	
		<u>:</u>		
		<u> </u>		
TEST DATA AND REQUEST F		fter recovery of total volume of load oil a	nd must be equil to or exceed top allow-	
OIL WELL Date First New Cil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift	, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Pros. During Test	Oil-Bols.	Water - Bbls.	Gas-MCF	
GAS WELL		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Actual Prog. 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 COMPLIAN	(CE	OIL CONSERVA	TION COMMISSION	
		MAY 3	1971	
	regulations of the Oil Conservation with and that the information given	APPROVED.	, 18	
	he best of my knowledge and belief.	BY JAME	SCIPACE .	
or 4- Nmocc-14		TITLE SUPERVISOR DISTRICE		
1-AC Jr		This form is to be filed in c	ompliance with RULE 1104.	
1- UNION TEXAS AC			able for a newly drilled or deepened	

VI.

014-NMOCC-11	
1- AC Jr 1- UNION TEXAS	(Signature)
1- JEL 1-08P	AREA SUPERINTENDENT
1 - SUSP	(Title)

(Date)

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 multip

MAY 61971

OIL CONSERVATION COMM.
HOBBS, N. M.