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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 ...

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 874	REQUEST FOR AL							
I. Operator	TO TRANSPO	ORT OIL	AND NA	TURAL G		API No.		
ARCO OIL AND GAS CO	MPANY	<del></del>				30-02	1 - CE	1585
BOX 1710, HOBBS, NE	W MEXICO 88240							
Reason(s) for Filing (Check proper box	;)	an ali	Oth	es (Please expl	oin)			
New Well  Recompletion	Change in Transpor					e ida)	91	
Change in Operator	Casinghead Gas Condens	mie 📗	- EF	FECTIVE:	<del>\$1119</del>	<del></del>	'''	
If change of operator give name and address of previous operator		<del></del>			<del></del>			<del></del>
IL DESCRIPTION OF WEL	L AND LEASE						<del></del>	
Lesse Name Langlie A Feds	Well No. Pool Na	me, Includi (StiS	~ ~ .	· ha	Kind State,	CLease Federal or Fee	1 1	esse No.
Location )				/				
Unit Letter	: 2310 Feet Fro	m The	Uorth Line	and	3 <u>O</u> Fe	et From The	East	Line
Section \4 Town	ship $255$ Range	3	7 E , NA	upm, L	ea	·		County
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND	NATU	RAL GAS	<del></del>	<del> ,</del>	***		
Texas New Mexico Propline Co.						copy of this form is to be sent) 1 Cbbs. Nin 88240		
lame of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of					
Sid Richardson Carbon	& Gasoline Co.	l 8	P. O. B	ox 1226,	Jal, N			
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   T   14   25		y e		i	3-9-6	00	
If this production is commingled with the IV. COMPLETION DATA	at from any other lease or pool, give	commingl	ing order numb	er:	R-18	63		
Designate Type of Completion		s Well	New Well	Workover	Deepea	Plug Back S	iame Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
erforations			<u></u>			Depth Casing Shoe		
	TUBING, CASIN	G AND	CEMENTIN	IG RECORI	<u> </u>	<u></u>		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUI	EST FOR ALLOWARIE				<del></del>			
OIL WELL (Test must be after	recovery of total volume of load oil	and must	be equal to or i	exceed top allo	wable for this	depth or be for	full 24 hose	73.)
Date First New Oil Run To Tank	Date of Test	Producing Met	thod (Flow, pur	np, gas lift, et	c.)			
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		Bbis. Condens	ate/MIMCF		Gravity of Cos	densale	ļ
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
/L OPERATOR CERTIFIC		Œ		II CON	SERVA	TION D	IVISIO	
I hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Conservation d that the information given above		1					
is true and complete to the best of my	knowledge and belief.		Date	Approved		UV 98	<b>19</b> 97	
1and								
Signature			By	B JAKGNAL B	PGNZU BY	JERRY SEX	IUN	
Printed Name	ministrative Superv Tide		Title_					
1/27/90-11/5/9/	392-355 Telephone No.		'""					
Deta	1 eléphone Mo.		L					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

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CON HOEBS OFFICE