Submit 5 Copies
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

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			P.O. B unta Fe, New M	ox 2088		/1 N				
1000 Rio Brazos Rd., Aztec, NM 87410			OR ALLOWA		· · · · · · · · · · · · · · · · · · ·					
Operator Well									······	
Chance Properties			30-	-025-115	88					
c/o Oil Reports & G Resson(s) for Filing (Check proper box)	as Serv	vices,	Inc., Box		bs, NM 88					
New Well		Change in	Transporter of:		tive $9/1$	•			ı	
Recompletion	Oil Control		Dry Gas	EITEC	101 AB 3/1/	792				
If change of operator give name		ad Gas 📋						 	·	
•		•	Box 755.	Hobbs, N	ew Mexico	88241			· 	
II. DESCRIPTION OF WELL Lesse Name	Well No. Pool Name, Including Formation				· · · · · · · · · · · · · · · · · · ·	Kind of Lease Lease No.				
Federal B		2	Langlie M		-QU-GB		Federal de Fix	_	60944	
Location Unit Letter H	: 1650 Feet From The North Line and 330. Feet From The East							Line		
Section 14 Township 25S Range 37E NMPM, Lea County										
III. DESIGNATION OF TRAN	SPORTE								·	
Name of Authorized Transporter of Oil X 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 2528, Hobbs, NM 88241									int)	
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)									
Sid Richardson Carbon							Ol Main St., Ft Worth, TX 76101			
If well produces oil or liquids, give location of tanks.	Unit A	Sec.	Twp. Rge. 25S 37E	Yes	y connected?	When	1 2/4/59	1.V	\QTOT	
If this production is commingled with that	from any ou	er lease or	pool, give comming	ling order num	ber:					
IV. COMPLETION DATA	·	Oil Well	Gas Well	New Well	1 37/a-da	D	Dive Deale	Comp. Dools	born node	
Designate Type of Completion	- (X)		Gas well	I WEM MEII	Workover	Deepen	Plug Back	 29me Ket.A	Diff Res'v	
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					V		Depth Casing	Shoe		
	7	UBING,	CASING AND	CEMENTI	NG RECORI	D	<u> </u>			
HOLE SIZE		BING SIZE	DEPTH SET			SACKS CEMENT				
	 									
	 									
V. TEST DATA AND REQUES OIL WELL (Test must be after re				he equal to on	exceed ton allo	umhla for this	denth or he f	or full 24 hou	re 1	
Date First New Oil Run To Tank	Date of Ter		y 1000 ou and musi		sthod (Flow, pu			# Jul. 84 1100		
Length of Test	Tubing Pre	4.SUTE		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL				<u> </u>	 		 			
Actual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shut-	in)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIANCE	<u> </u>			!			
I hereby certify that the rules and regular Division have been complied with and t	tions of the	Oil Conserv	ration		DIL CON	SERV	ATION [E	ŖĬŶĬŖĬĠ	<u>)</u> N	
is true and complete to the best of my k				Date	Approved	d				
Wound I dle					OBIOLIST C	CALED BY	15007 CE	CTON		
Signature Donna Holler Agent					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name	Title									
9/17/92 505-393-2727 Date Telephone No.							=:			
				- 4						

- 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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OCD HOBBS OFFICE