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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.
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

Operator El Paso Natural Gas Company	
Address 1800 Wilco Building - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Re-open Queen, Add additional perms and treat.	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Langlie/Federal	Lease No.	Well No. 1	Pool Name, Including Formation Langlie - Mattix 3/81	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter J	1980	Feet From The S	Line and 1980	Feet From The E
Line of Section 14	Township	25 - S	Range 37 - E	NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	1800 Wilco Building - Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 14	Twp. 25	Rge. 37	Is gas actually connected? YES	When 12-16-80

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X			X	
Date Spudded -OWWO 11-19-80	Date Compl. Ready to Prod. 12-16-80	Total Depth 3382	P.B.T.D. 3107					
Elevations (DF, RKB, RT, GR, etc.) GL - 3110.0	Name of Producing Formation Queen	Top Oil/Gas Pay 3076	Tubing Depth 3100					
Perforations 3076 - 3098 ; 3110 - 3150	Depth Casing Shoe 4894							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	9 5/8		281		200			
	7		4884		350 @ shoe - 100 @ 2nd stage @ 1400			
	2 1/2		3100					

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 New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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 352	Length of Test 2 1/4 hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 73.2	Casing Pressure 80.2	Choke Size 1.250

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.

John A. Helk
(Signature)
Supervisor Drilling Services
(Title)

March 3, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

TITLE SUPERVISOR DISTRICT

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 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 multiply completed wells.