Subriut 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departmen.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

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

	REQUEST FO	OR ALLOWABI			•				
Operator					Well A		5 Z	S. 10, 57	
Address	75.25.1			-	<u> </u>	2/2			
12221 Merit Drive, Reason(s) for Filing (Check proper box)	Suite 1040, 1	Dallas, IX /	7-4	er (Please expla	i=1				
New Well Recompletion		Transporter of:	_	ECTIVE 4		1/1/92			
Change in Operator	Casinghead Gas		<u> </u>	norry r	2) (7 5 2	17 17 32			
I change of operator give name $Bridge$ and address of previous operator	Oil Company	, L. P., 12	404 Parl	c Central	Dr., St	ce 400,	Dallas,	TX 75251	
II. DESCRIPTION OF WELL A							 -		
Langlie Mattix Queen l		Pool Name, Includin Langlie Mat	g Formation ttix 7 I	Rivers Qu	Kind o			zase No.	
Location Unit Letter	. 660	Feet From The	E Lin	e and	80 Fee	et From The	ぢ	Line	
Section 15 Township 25S Range 37E			_			ea County			
III DESIGNATION OF TRANS	SDODTED OF O	II AND NATTI							
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	or Conden			e address to wi	ich approved	copy of this f	orm is to be se	nt)	
\$hell Pipeline				P. O. Box 2648, Houston, TX 77252					
lame of Authorized Transporter of Casinghead Gas Or Dry Gas				re address to wi					
Sid Richardson Garbon. If well produces oil or liquids,	Sid Richardson Garbon & Gasoline Co. well produces oil or liquids, Unit Sec. Twp. Rge.			201 Main St., Suite 300 Is gas actually connected? When					
give location of tanks.	G 15	25S 37E	i	es	i when	UNK	NOWN		
If this production is commingled with that i	from any other lease or								
IV. COMPLETION DATA	log was	- (G - W "	1 N 117.11	Lw	1 5		la 5 :		
Designate Type of Completion	· · · 1	i	İ	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compt. 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					Depth Casing Shoe				
	TIRING	CASING AND	CEMENT	NG PECOE	·D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
			-						
			1			-			
V. TEST DATA AND REQUES	ST FOR ALLOW	ABLE	 						
	recovery of total volume	of load oil and must	, 				for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test		Producing N	Method (Flow, p	ump, gas iji,	eic.)			
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. Conde	ensue MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC					NCEDV	ATION			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION JAN 2 2'92						
is true and complete to the best of my	knowledge and belief.	,	Dat	te Approv	ed	MAC	4 4 7L		
Jal	Mark		By.	ORIG	INAL SIGN	PROV or	<u> </u>		
	cutive Vice [DISTRICT	15Ungey	ISCN:		
Printed Name 1/15/92	214/701-	Title -8377		e DEC		<u> </u>	Abo	30 1993	
Date		lephone No.		K KEC	しベリ	MINT I	I. MPK	301997	

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.