NO. OF COPIES REC	EIVED	l	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

DISTRIBUTION	HEW MEYICO ON C	ONSERVATION COMM	5	_
SANTA FE	1		Form C-104 Supersedes Old C-104 and C-11	
FILE	KEQUEST	REQUEST FOR ALLOWABLE  AND		
U.S.G.S.	AUTHORIZATION TO TRA		LATUDAL CAC	
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND I	NATURAL GAS	
OIL				
TRANSPORTER GAS				
OPERATOR	1			
PRORATION OFFICE Operator	L			
	d Gas Company			
Address	- Company			
ľ	Building, Midland, Texa	as 79701		
Reason(s) for filing (Check proper box)		Other (Please	explain) Fo	rmerly
New Well	Change in Transporter of:		rve Oil and Ga	s Company
Recompletion	Oil Dry Go	7100 W   ==	worth "C" No.	1
Change in Ownership	Casinghead Gas Conder	isate		
If change of ownership give name R and address of previous owner  This change to DESCRIPTION OF WELL AND   Lease Name	be effective SFP 1 1	970	wings Bldg., l	Midland, TX 79701
South Langlie Jal Unit	23 Makeust Langl	ie Mattix	State, Federal or Fee	Fee
Location				
	Feet From The South Lin	ne and	Feet From The	West
Line of Section 17	mship 25-S Range	37-E NMPM		Lea County
Line of Section Tow	mship 23-3 Range	JI-E , NMPM		Lea County
. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	A ideas (Give address )	o which approved conv	of this form is to be sent)
Ī				
Texas-New Mexico Pip		Box 1510, Mid		79701 of this form is to be sent)
Name of Authorized Transporter of Case El Paso Natural Gas C		Box 1492, El	Paso, Texas	of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Pge.	ls gas actually connect	ed? When	
give location of tanks.	N 17 25-S 37-E	Yes		7-23-52
If this production is commingled wit	h that from any other lease or pool,	give commingling order	number:	•
. COMPLETION DATA				
		New Well Workover	Deepen Plug B	ack   Same Resty. Diff. Resty
Designate Type of Completion	n - (X)	1	i i	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.	D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing	Depth
Perforations			Depth (	Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECOR	D	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SI		SACKS CEMENT
HOLE SIZE	OASING & TODING SIZE			
		+		
		<u> </u>		he equal to as exacted top offe
. TEST DATA AND REQUEST FO		ifter recovery of total volu epth or be for full 24 hours		be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow		· · · · · · · · · · · · · · · · · · ·
Date 1 list New Oil Run 10 lanks	23.2 0.7 1.321		÷	
	Tubing Pressure	Casing Pressure	Choke	Size
Length of Test	1 dbing Freesme	, <b></b>		
	Oil-Bhis.	Water - Bbls.	Gas - N	ICF
Actual Prod, During Test	OII - BDIG.			
	<u></u>	<u> </u>		
GAS WELL		Dhi. 01	F 7	y of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	Gravit	or Condensate
<u>.</u>			·	Cia
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Choke	5120
		<u> </u>		
. CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVATION	COMMISSION
, obbitioned of companie	<del></del>		1971	1
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	-6	, 19
Commission have been complied v	with and that the information given	1 hold	XXXX	net
	heat of my knowledge and belief.	HRY X-E	- YOUNG	

## VI.

(Signature) District Manager

(Date)

AUG 28 1970

(Title)

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

RECEIVED

AU0 3 1 1970

OIL COMSERVATION COMM.