HO. OF COPIES RECEIVED			
DISTRIBUTION	* NEW MEXICO OIL C	CONSERVATION COMMISC N	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	45
LAND OFFICE	-		
TRANSPORTER GAS			
OPERATOR	4		
PRORATION OFFICE	1		
Operator	nd Gas Company		
Address First Savings	Building, Midland, Tex	as 79701	
Reason(s) for filing (Check proper box,		10.1	ormerly
New We!I	Change in Transporter of:	Reserve Oil and	• '
Recompletion	OII Dry Go	Woolworth "B" N	- •
Change in Ownership	Casinghead Gas Conde	ensate Woolworth . P. 1	0. 2
This change to	be effective SFP 11	mpany, First Savings Bl	dg., Midland, TX 7970
Legse Name	Well No. Pool Name, Including F	Formation Kind of Lease	Lease No.
South Langlie Jal Uni			or Fee Fee
Location F 19		ne and 1980 Feet From T	he W
1.7	25 5	37-E , NMPM,	Lea County
Line of Section 1 To	wnship 25-5 Range	, INMPW,	Codiny
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL G. or Condensate	Address (Give address to which approx	
Texas New Mexico Pi	pe Line Company	Box 1510, Midland, Te	
El Paso Natural Gas	Company	Box 1492, El Paso, Te	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 17 25-S 37-1		8-25-49
If this production is commingled wi	ith that from any other lease or pool	, give commingling order number:	
Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OS /Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, At	ND CEMENTING RECORD	
HOLE SIZE			
1 1066 3166	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
/			
/	COP ALLOWARIE (Test must be	after recovery of total volume of load oil	
V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be able for this		and must be equal to or exceed top all
V. TEST DATA AND REQUEST F	COP ALLOWARIE (Test must be	after recovery of total volume of load oil depth or be for full 24 hours)	and must be equal to or exceed top al
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be able for this conditions of Test)	after recovery of total volume of load oil depth or be for full 24 hours)	and must be equal to or exceed top all
V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top all
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be able for this conditions of Test)	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top all
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	FOR ALLOWABLE (Test must be able for this control of Test) Tubing Pressure	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure	and must be equal to or exceed top all ft, etc.) Choke Size
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	FOR ALLOWABLE (Test must be able for this control of Test) Tubing Pressure	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure	and must be equal to or exceed top all ft, etc.) Choke Size Gas-MCF
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	FOR ALLOWABLE (Test must be able for this control of Test) Tubing Pressure	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure	and must be equal to or exceed top alloft, etc.) Choke Size
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	FOR ALLOWABLE (Test must be able for this of Date of Test Tubing Pressure Oil-Bbis.	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water-Bbls.	and must be equal to or exceed top all ft, etc.) Choke Size Gas-MCF
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	FOR ALLOWABLE (Test must be able for this of Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in)	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water-Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in)	and must be equal to or exceed top all ft, etc.) Choke Size Gas-MCF Gravity of Condensate
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	FOR ALLOWABLE (Test must be able for this of Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in)	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water-Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in)	and must be equal to or exceed top all ft, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size
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Commission have been complied with and that the knowledge and belief, above is true and complete to the best of my knowledge and belief.

(Signature) District Manager

(Title)

AUG 28 1970

(Date)

This form is to be filed in compliance with MULE 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

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OIL CONSENACION COMM.