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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

63384

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	Santa Fe, New Mexico 87504-2088									63384			
I.	" REC	QUEST	FOR A	LLOW	ABLE	AND A	AUTHOR	RIZAT	ION				
Operator M.F.	TO TRANSPORT OF ERIDIAN OIL INC.					D NAT	URAL	API No.		<u> </u>			
Address	P. O. BOX 51810, MIDLAN					30-025-11644							
Reason(s) for Filing (Check proper box		X 518	10,	MIDLA	ND,		79710						
New Weil	•,	Change i	in Transc	conter of:		Othe	r (Please ex	piain)					
Recompletion Change in Operator	Oil		Dry G	ias 🗆									
If change of operator give name		CAS DET	~		0 80	v 010	0 "						
II. DESCRIPTION OF WEL	NION TEX		KULE	Uri, P.	о. во	X 212	.U, Hou	ston,	TX	77252			
Lease Name	Well No. Pool Name, Inclu				ding Formation Ki				Kind	nd of Lease No.			
Langlie Jal Unit		88 Langlie								Federal or Fee	Federal or Fee 8910115870		
Unit LetterA	: <u>_</u>	90	_ Feet F	rom The _	N	Line	and 3.	30	F	eet From The	F	• .	
Section 17 Towns	PM.	Log											
III. DESIGNATION OF TRA	NSPORT	ER OF O	II. AN	ID NATI	TD A F							County	
or terrespersor transporter of Off		or Conde	DERICO		Addre	SE (Give	address to	which ap	proved	copy of this for	m is to be sei	nt)	
Name of Authorized Transporter of Case	Shell Pipeline Company me of Authorized Transporter of Casinghead Gas X or Dry Gas						2648,	TX 773	252				
Sid Richardson Care	Richardson Carbon & Gas Co.					Address (Give address to which approved copy of 201 Main Street, Ft. Worth,					of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	ls gas	actually	connected?	1	When		76102		
If this production is commingled with the	t from any or	her lease or	pool eiv	ve commin	ding onto								
IV. COMPLETION DATA	ID BIOL	<u> 14005</u>		MSOL	NEC	O E	efi. 3/1/	.53					
Designate Type of Completion		Oil Well	1 0	Gas Well		Well	Workover		pen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready ic	Prod.		Total I	Depth				P.B.T.D.		L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay							
Perforations						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Tubing Depth			
						Dep					Pepth Casing Shoe		
	CEME	NTINO	RECOR	<u> </u>		<u> </u>		··					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT			
. TEST DATA AND REQUE	ST FOR	HOW	DI E										
IL WELL (Test must be after	recovery of to	LLLUVV A Nal volume d	SBLE of load o	il and muss	he emal	10 OF 67	card top all	auahla 6	<i></i>	damek on bodoo	5 11 24 1		
Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Pressure					Casing Pressure : Choke Size							
octual Prod. During Test					Casing Pressure				Choke Size				
That During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF				
GAS WELL				·	•					· · · · · · · · · · · · · · · · · · ·			
octual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF					Gravity of Condensate		
psting Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
I. OPERATOR CERTIFIC	ATE OF	COM	TART	CF	<u> </u>			75.0					
T. OPERATOR CERTIFICATE OF COMPLIANCE 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								
is true and complete to the best of my knowledge and belief.						Date Approved							
Marin Tolina													
Printed Name						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
19-7-91 1	2151	688 .	Title 1971	ω		tle							
Date Telephons No.						RR	ECO	RD	0	NLY A	PR 30	1993	

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
- 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 multy v completed wells.