NO. OF COPIES ALCEIVED				
SANTA FE		W MEXICO OIL CONSERVATION COMMISSIO Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11		
F!LE		AND		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
TRANSPORTER OIL GAS				
OPERATOR PRORATION OFFICE Operator				
	opment Company of Texas			
P. O. Box 12058 Reason(s) for filing (Check proper		, Texas 79101		
New Well	Change in Transporter of:	1	and well name from	
Recompletion	Oil Dry Gre Casinghead Gas Concern	Carlson A-22 No.		
If change of ownership give nam and address of previous owner_		·		
DESCRIPTION OF WELL A	ND LEASE			
Lease Name Carlson A	Ven No. Pool Name, Including Fo 2 Langlie-Mat		or Fee Federal	
Location	990 Feet From The South	and 1650 Feet From T	ne East	
Line of Section 22		7E , NMEM, Lea		
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	S Aziress (Give address to which approv	ed some of this form is to be sent)	
	* -	P. O. Box 20329. Hous	ton, TX 77025	
Name of Authorized Transporter of ElPaso Natural (1y Casinghead Gas X. or Dry Gas Cas. Company	P. O. Box 1492, ElPas		
If well produces oil or liquids,	Unit Sec. Twp. Ege.	is gas actually connected? Whe		
	P 22 25S 37E I with that from any other lease or pool.	yes give commingling order number:		
COMPLETION DATA Designate Type of Compl		llew Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Comp., Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc	e., Name of Producing Formation	Top Cil/Das Pay	Tuking Depth	
Perforations		: 	Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	OEPTH SET	SACKS CEMENT	
		· · · · · · · · · · · · · · · · · · ·		
TEST DATA AND REQUEST	able for this de	fer recovery of total volume of load oll (pth or be for full 24 hours)		
OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Niethod (Flow, pump, gas lif	r. etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Watet - 30:3.	Gae-MCF	
·		:	<u>]</u>	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condansate/VMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shat-in)	Choke Size	
CERTIFICATE OF COMPLI	IANCE	OIL CONSERVA	TION COMMISSION	
		APPROVED	, 19	
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.		Orig. Signed by Jerry Sexton		
		TITLE Dist 1, Supv.		
all in a	h	This form is to be filed in	compliance with RULE 1104. vable for a nawly drilled or despend	
(Signature)		well, this form must be accompanied by a tabuation of the Coverian tests taken on the well in accordance with RULE 111.		
Petroleum Engin	neer	All sections of this form mu able on new and recompleted we	ist be filled out completely for allow ells.	
8-8-77	(Date)	Fill out only Sections I, I well name or number, or transpor	I. III, and VI for changes of owner ter, or other such change of condition	
		Separate Forma C-104 mus	t be filed for each pool in multipl	

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AUGUE 1977 CIL CONSERVATION COMM. HOBBS, N. M.

1	ND. OF COPIES RECEIVED		and the second se	. •	
	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMM')N		
	SANTA FE		OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-114	
	FILE	in the document	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL (SAS	
	LAND OFFICE				
	01L				
	IRANSPORTER GAS				
	OPERATOR				
_	PRORATION OFFICE				
1.	Operator		· · · · · · · · · · · · · · · · · · ·		
	Oil Development Co	many of Texas			
	Address				
	Amorican National	Bank Bldg, P. O. Box 120	58 Amarillo, Tx 79101		
	Reason(s) for Hing (Check proper box)	Dank Didy, 1. 0. Dox 120	Other (Please explain)		
	New Well	Change in Transporter of:			
		Oi! Dry Gas		·	
		Casinghead Gas Condens			
	Change in Ownership				
	If change of ownership give name		and DIT W 7th Loc Ar	color Colif 00017	
	and address of previous owner	Westates Petroleum Comp	any, 81/ W. /th, Los Ar	igeres, carrie 9001/	
П.	DESCRIPTION OF WELL AND I	Well No.; Pool Name, Including Fo	rmation Kind of Leas	Lease No.	
	Lease Name		State Feder	at or Fee	
	Carlson A-22	2 Langlie Matti	x 7 Rivers	F.ed	
	Location				
	Unit Letter 0 ; 99	0 Feet From The <u>south</u> Line	and 1650 Feet From	The <u>east</u>	
				Courter	
	Line of Section 22 Tow	mship 25S Range	37E , NMPM, Lea	a County	
			_		
III.	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil	XX or Condensate			
	Shell Oil Company P. O. Box 20329, Houston, Tx 77025 Address (Give address to which approved copy of this form is to be sent)		ston, 1x //025		
	Name of Authorized Transporter of Cas	inghead Gas 🙀 or Dry Gas 🗍			
	El Paso Natural Ga		P. O. Box 1492, E1 Pa		
	If well produces cil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	nen	
	give location of tanks.	2 B I I I	yes	NA	
	If this production is commingled wit	h that from any other lease or pool, i	give commingling order number:	•	
w	COMPLETION DATA				
			New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n = (X)		↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	
	Date Spudded	Date Compl. 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	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		OP ALLOWABLE (Test must be at	fer recovery of total volume of load oi	l and must be equal to or exceed top allow	
V.	TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours)		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Date First New Children to tame				
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test				
	An I Deal During Tool	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	Actual Prod. During Test				
	I		L		
	GAS WELL	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D				
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-In)			
				ATION COMMISSION	
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
			FED (1 W	/ ; , 19	
	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.				
				is signed by	
			BY Orig. Signed by Jerry Sexton TITLE		
	1		TITLE	st 1, Supr.	
	· · · · · / /		min form is to be filed in compliance with RULE 1104.		
	Mumin Will (Signature) Petroleum Engineer		If this is a request for allowable for a newly drilled or despens 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 allow able on new and recompleted wells.		
	•	(Title)		If and VI for changes of owne	
2-16-77			It wall name or number, or transp	Ottet of other agen enninge at ann	
	(D	atz)	Separate Forms C-104 m	ust be filed for each pool in multip	