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U.S.G.S.		<u> </u>	
LAND OFFICE		<u> </u>	<u> </u>
I RANSPORTER	OIL		<u> </u>
	GAS	L_	<u> </u>
OPERATOR		ļ	<u> </u>
PRORATION OFFICE			<u> </u>

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104	
Supersedes Old C-10-	and C-110
Effective 1-1-65	•

LAND OFFICE	4	•				
FRANSPORTER GAS	†					
OPERATOR	1					
PRORATION OFFICE	<u> </u>				<u> </u>	
Santa Fe Energy (Company					
Address						
P. O. Box 12058,	Amarillo, T	<u>x 79101</u>	Other (Please	explain)		
leason(s) for filing (Check proper box	Change in Tr	ansporter of:				
Recompletion	Oil	Dry Gas	Correct	ion of the	ransporter nam	ie and
Change in Ownership	Casinghead (Gas Condens	address	<u> </u>		
change of ownership give name	Oil Dev	elopment Comp:	any of Texas, P	. O. Box	12058, Amaril	lo, TX 7910
nd address of previous owner						
ESCRIPTION OF WELL AND	LEASE	ool Name, Including Fo	rmation	Kind of Lease		Lease No.
_ease Name	Well No. Po	Langlie Mattix		State, Federal	or Fee Fed	LC032579 (C
Carlson A		Jangile Mattix				
D	330 Feet From T	The South Line	and 990	Feet From 7	The East	
Unit Letter;;		_	57E , NMPM	. 1.	ea	County
Line of Section 22 To	ownship 255	S Range 3	57E , NMPM			
ESIGNATION OF TRANSPOR	RTER OF OIL A	ND NATURAL GA	s		and an af this form i	s to be sent!
Name of Authorized Transporter of O	Il XX or Cond	lensate 🔲	70000			L. Contraction of the Contractio
Shell Pipeline Company	7	or Dry Gas	Box 1910, Mid	to which approx	ved copy of this form i	s to be sent)
Name of Authorized Transporter of C		or <i>D.</i> y Gus	P.O. Box 1492,			
El Paso Natural Gas Co	Unit Sec.	Twp. Rge.	Is gas actually connect	ed? Wh	en	
If well produces oil or liquids, 'give location of tanks.	P 22	25S 37E	Yes		NA	
this production is commingled w	ith that from any	other lease or pool,	give commingling orde	r number:		
OMPLETION DATA	Toil		New Well Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.
Designate Type of Complet	ion - (X)		i i		1	
Date Spudded	Date Compl. Rea	dy to Prod.	Total Depth		P.B.T.D.	
	Name of Product	ng Formation	Top Oil/Gas Pay		Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Product	ing i dimension		<u>, , , , , , , , , , , , , , , , , , , </u>		
Perforations					Depth Casing Shos	
		THE CICING AND	D CEMENTING RECO	8 D		
		TUBING SIZE	DEPTH S		SACKS	EMENT
HOLE SIZE	CASINO					
				_,		
		T. T	after recovery of total vo	lume of load oi	l and must be equal to	or exceed top allow
TEST DATA AND REQUEST	FOR ALLOWAB	able for this d	enth of he for Juli 24 nou	13)		
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flo	ош, ритр, даз і	,., e.c.,	
	Tubing Pressure		Casing Pressure		Choke Size	
Length of Test	Labind Starems	•				
Actual Prod. During Test	Oil-Bbls.		Water-Bble.		Gas-MCF	
Actual 1 to a many			<u> </u>			
GAS WELL	Length of Test		Bbls. Condensate/MM	CF	Gravity of Conden	esate
Actual Prod. Test-MCF/D	2011,111				Challes Step	
Testing Method (pitot, back pr.)	Tubing Pressur	o (Shut-in)	Cosing Pressure (5h	at-12)	Choke Size	
			1	CONSERV	ATION COMMIS	SION
CERTIFICATE OF COMPLIA	INCE	•	l Oil	ADD	181979	
		the Oil Conservation	APPROVED			
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.		BYOrig. Signed by				
above is true and complete to	the best of my Ki	HOWSERRE BUT DELICIT	11	T S.	exton.	
A A	\bigcap		TITLE	Diet 4	Supv.	111 F 1104
1000	(0,0)		M	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens		
Meldevall	/		well, this form m	eduant for at	panied by a tabulat cordance with RULI	ion of the deviation
Production Supe	Minature) rintendent		tests taken on the	of this form	must be filled out c	
- Toudecton supe.	(Title)		II abta on new and	recompleted	wells.	
					TT THE BOAT UT FOR	CUNDERS OF OMUS

April 17, 1979

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.

well name or number, or transporter, or other such change

Separate Forms C-104 must be filed for each pool in multiply
completed wells.

		·		
DISTRIBUTION				
SANTA FE				
FILE				
u.s.c.s,			L	_
LAND OFFICE			L	
IRANSPORTER	OIL			
	GAS		L	
OPERATOR			_	
PRORATION OFFICE			L	ل
Operator				
Santa Fe Energy Co				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FILE		AND	Fittective I-1-92
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE Operator			
Santa Fe Energy	Company		
P. O. Box 120 <u>58</u>	Amarillo, TX 79101	Other (Please explain)	
Reason(s) for filing (Check proper b	Change in Transporter of:		
Recompletion	Oil Dry Ga	Name change of co	ompany
Change in Ownership X	Casinghead Gas Conden	nsate	
If change of ownership give name and address of previous owner	Oil Development Comp	any of Texas, P. O. Box	12058, Amarillo, TX 7910
DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
Carlson A	1 Langlie Matti	State, Federa	LCO32579
Location Unit Letter P ;	330 Feet From The South Lin	e and 990 Feet From	_{The} East
22	Township 25S Range 3	37E , NMPM, L	ea County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of	Oil XX or Condensate	Address (Give address to which appro-	
Shell Oil Company	Casinghead Gas WXI or Dry Gas	Box 20329, Houston, Tex Address (Give address to which appro-	as //U25 ved copy of this form is to be sent)
Name of Authorized Transporter of El Paso Natural Gas (P.O. Box 1492, El Paso,	1
	Unit Sec. Twp. P.ge.	Is gas actually connected? Who	
If well produces oil or liquids, give location of tanks.	P 22 25S 37E	Yes	NA NA
If this production is commingled COMPLETION DATA	with that from any other lease or pool,		I Di - D L Co Boots Diff Boots
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth
		Depth Casing Shos	
Perforations			
	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & FORING SIZE		
TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	
Date First New Oil Run To Tanks	Date of Test	Producing Method (From, pump, gos -	,,,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gcs-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLL	ANCE	OIL CONSERV	ATION COMMISSION
T hereby certify that the sules a	nd regulations of the Oil Conservation	APPROVED	, 19
Cindica have been complis	ed with and that the information given the best of my knowledge and belief.		
good 15 time and company			
Original Signed	D.	This form is to be filed in compliance with RULE 1104.	
Anthony J. Well	by ker	Il a company dell'ad or despett	
	Signature)	well, this form must be accompanied by a tableation to the well in accordance with RULE 111.	
Petroleum Engine		All sections of this form must be filled out completely for allow	
7 10 10	(Title)	able on new and recompleted w	IT IT and VI for changes of owner,
January 19, 1979	(Date)	"I well name or number, or transpo	May of office and currents or some
		Separate Forms C-104 mu completed wells.	at be filed for each pool in multiply