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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 at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

OLIEST FOR ALLOWARI F AND ALITHORIZATION

I.	REQ					TURAL G					
Detail & Gas (	Well API No.										
Address								·	· · · · · · · · · · · · · · · · · · ·		
P. O. Box 5926, E Reason(s) for Filing (Check proper box)		New M	<u>exic</u>	0 882	XX Oct	vet (Please expl	ain)				
New Well	'	Change in	Тпаперс	rter of:	_	nge of	-	- 0 *			
Recompletion	Oil Casinghe		Dry Ga Conder		Ond	inge or	opera	-01			
Change in Operator											
and address of previous operator A			lora	tion (	Company	-		<u>Suite</u> 10-3088		Houston	
II. DESCRIPTION OF WELL Lease Name	ESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, Inclu								of Lease Fee Lease No.		
Henry		1 Langlie		Mattix Seven Rivers			, Federal or Fee				
Location		2070	Que	en Gre	≥yberg						
Unit LetterL	_ :	2970	Feet Fr	om The	North	e and46	-20F	et From The	<u> </u>	Line	
Section 26 Towns	nip 25	5 S	Range	37I	E , N	MPM, I	ea			County	
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	D NATU	RAL GAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Shell Pipe Line (	Gas 🗔	P. O. Box 1319, Midland, Texas 79701  Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casi Sid Richardson Ca	irbon 8	Gaso			201 Main St., Fo			rt Worth, Texas 76102			
well produces oil or liquids, Unit C		<b>Sec.</b> 2 6	Twp. Rge. 25 S 37 E		is gas actually connected? Yes		When	When ?			
f this production is commingled with the	from any oth		L	<u> </u>	l						
V. COMPLETION DATA											
Designate Type of Completion	ı - (X)	Oil Well	1 6	as Well	New Well	Workover	Deepen	Plug Hack	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations	<u>.l</u>							Depth Casing Shoe			
TUBING, CASING HOLE SIZE CASING & TUBING SIZE						NG RECORI DEPTH SET	<u> </u>	SACKS CEMENT			
HOLE SIZE		OAGING & TODING OILL				DEI 111 OE 1			CHOICE CENTERT		
							<del></del>				
. TEST DATA AND REQUE									4.11 24 have		
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Tes		of toda o	i ana musi		thod (Flow, pur			or juli 24 nove	3.)	
								Choke Size			
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<u> </u>										
GAS WELL  chial Prod. Test - MCF/D   Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Edder 1 100 1 200 - 1410119.		Tought of Tou									
esting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
L OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	CE		W 0011	OFF: 44	TION:	>1\/\C\C		
I hereby certify that the rules and regul					ر	OIL CON	SEHVA				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
11	1	1		İ	Dale	, ippi ovec	·				
Signature	Lu	<u> </u>			Ву	statalist	HOWED B	Y JERRY	EXTON		
Crawford Culp President					ELECTRICAL SUPPRINCES						
3-17-92 392-5176					Title_					·	
Date		Telep	hone No								
	-										

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 with Rule 111.
- 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 multiply completed wells.