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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	
Chargiot	

1 May 1968

(Date)

SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	<b>NS</b>
LAND OFFICE			* #
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE	<u> </u>		
Solar Oil Com	pany Inco		
	4 Midland, Texas		
Reason(s) for filing (Check proper box	/ Midiand, lexas	Other (Please explain)	
New We!1	Change in Transporter of:	<u> </u>	
Recompletion	Oil Dry Gas	────────────────────────────────────	
Change in Ownership X	Casinghead Gas Condens	ate	
If change of ownership give name and address of previous owner	Husky Oil Company, 815 6t	h St. S.W. Calgary Alber	cta Canada
. DESCRIPTION OF WELL AND	LEASE		No.
Lease Name	Well No. Pool Name, Including For	rmation Kind of Lease State, Federal	
Alston	4 Langlie-Matti	x John J. Federal	
Location	30 - m m N M 14	and 990 Feet From T	no Rose III to
Unit Letter F : 23	10 Feet From The North Line	dand reat riom .	
Line of Section 26 To	wnship 25-S Range 3	7-E , NMPM,	Lea County
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S Address (Give address to which approx	ed copy of this form is to be sent)
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas 🛣	Address (Give address to which approx	ved copy of this form is to be sent)
El Paso Natura		Box 1492 El Paso Te	xas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? When	
	ith that from any other lease or pool,		
COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v
Designate Type of Complete	Oll Well Gas Well	New Well Workover Deepen	Plug Buck Same Nesv. Dim 1198
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compiler House, to the second		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	THOMAS CASING AND	CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & LOBING SIZE		
			1
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allo
OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
Bala i non con italia i a mar			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Prod. During Test	0.182		
CACHETT			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
/I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	, 18
Commission have been complied	d with and that the information given the best of my knowledge and belief.		1 Same
above is true and complete to	me dear or my whomseden and person		
		TITY SUPER	
		This form is to be filed in	compliance with RULE 1104.
DI Costa (Siffature)		II the form much be accomi	powable for a newly drilled or deeper panied by a tabulation of the deviat
	•	tests taken on the well in acc	OLUBUCA MILLI KOFF !!!!
	Vice President (Title)		nust be filled out completely for allowells.
		able on new and recompleted	

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 completed wells.