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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
**Amerada Division, Amerada Hess Corporation**  
Address  
**P. O. Box 1920 - Hobbs, New Mexico 88240**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Langlie Mattix Woolworth Unit</b>	Well No. <b>203</b>	Pool Name, Including Formation <b>Langlie Mattix-7 Rivers Queen</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>L</b> ; <b>2220</b> Feet From The <b>south</b> Line and <b>1250</b> Feet From The <b>west</b> Line of Section <b>28</b> Township <b>24-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1598 - Hobbs, New Mexico</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company Amerada Division, Amerada Hess Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492, El Paso, Texas P. O. Box 1920 - Hobbs, New Mexico</b>	
If well produces oil or liquids, give location of tanks. Unit <b>L</b> Sec. <b>28</b> Twp. <b>24-S</b> Rge. <b>37-E</b>	Is gas actually connected? <b>Yes</b>	When <b>10-9-69</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>9-6-69</b>	Date Compl. Ready to Prod. <b>10-2-69</b>		Total Depth <b>3750'</b>		P.B.T.D. <b>3727'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3274' DF, 3265' GL</b>	Name of Producing Formation <b>7 Rivers Queen</b>		Top Oil/Gas Pay <b>3493'</b>		Tubing Depth <b>3532'</b>			
Perforations <b>3106</b>					Depth Casing Shoe <b>3750'</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>753'</b>	<b>500</b>
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>3750'</b>	<b>300</b>
	<b>2-3/8"</b>	<b>3532'</b>	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks <b>10-9-69</b>	Date of Test <b>10-10-69</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>0</b>	Choke Size <b>TSTM</b>
Actual Prod. During Test <b>20 bbls.</b>	Oil-Bbls. <b>5</b>	Water-Bbls. <b>15</b>	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)

**District Superintendent**  
(Title)

**October 13, 1969**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

**OCT 20 1969**

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 allowable on new and recompleted wells.

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.