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DEPARTMENT	
BUREAU	
FILE	
D.B.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Superseding Old C-104 and C-111
Effective 1-1-65

Operator Amoco Production Company	
Address P.O. Drawer "A" Levelland, TX 79336	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Add ☒ In Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☒ Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name Langlie "B:" Federal	Well No. Pool Name, including Formation 3 Langlie Mattix Queen	Kind of Lease State, Federal or Fee Federal	Lease No. NM 10936
Location Unit Letter E : 2130 Feet From The North Line and 400 Feet From The West Line of Section 15 Township 25-S Range 37-E, NMCM, Lea County			

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)					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P.O. Box 1492 El Paso, TX					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15	Twp. 25	Rge. 37	Is gas actually connected? Yes	When 10-27-78

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

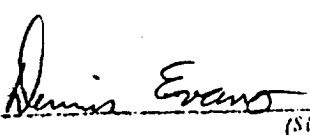
COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of land 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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) Assist. Admin. Analyst (Title) 11-1-78 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	NOV 6 1978
BY	Orig. Signed by Jerry Sexton Dist. 1, Supr.
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 portions 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 change of owner, well name or number, or transporter or other such change of condition.	