Submit 5 Copies
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
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer D.D. Arteria NIM 88210.

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210		_	_		lox 2088									
DISTRICT III		Sa	nta Fe,	New M	lexico 8	3750	4-2088							
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST F	OR AL	LOWA	BLE AN	ND A	UTHO	RIZ	ATION					
I.		TOTRA							_					
Operator							PI No.	, 7	Out					
Address	ERIDIA	N OIL	INC	•						025-294	+ /	DK		
P	. О. В	OX 51	810.	MIDL	AND.	ТХ	797	10	1810					
Reason(s) for Filing (Check proper box)							r (Please e							
New Well Recompletion	0:1	Change in	-											
Change in Operator	Oil Casinghea	4 Cae 😾	Dry Gas											
If change of operator give name					POV	212	0 Ua		- TV	77252		· · · · · · · · · · · · · · · · · · ·		
	ON TEXA		COLEUI	M, F.O	, DUA	212	.0, пос	ISL	JII, 1A	77252	. =			
II. DESCRIPTION OF WELL Lease Name	AND LEA		D1 M-						75. 1					
Langlie Jal Unit		108			ing Forma lattix		(0)		State	of Leage Federal or Fed	1	2 22 No. 115870		
Location			1	9			- 47							
Unit LetterI	_ :12	.75	Feet Fre	on The _	E	Line	and2	575	Fe	et From The	S	Line		
	0.5	•												
Section 5 Townshi	<u>25</u>	<u> </u>	Range	37E		, NM	IPM,		Lea			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	D NATU	RAL G	AS								
Name of Authorized Transporter of Oil	X	or Conden					adáress to	whic	h approved	copy of this f	orm is to be se	nt)		
Shell Pipeline Company Name of Authorized Transporter of Casinghead Gas						P.O. Box 2648, Houston, TX 77252 Address (Give address to which approved copy of this form is to be sent)								
Sid Richardson Carbon	-	Co.	or Dry (orth, TX		nt)		
If well produces oil or liquids,	Unit		Twp.	Rge	Is gas ac			_	When		70102			
give location of tanks.	11		<u> </u>	1					_i					
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, give	comming	ling order	numb	er							
IV. COM EDITON DATA	··	Oil Weil	G	as Well	New W	Vell	Workover	. 1	Deepen	Plug Rack	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)		i			, 	, OILOVC	ì	Dupus	1106 2500				
Date Spudded	Date Comp	al. Ready to	Prod.		Total De	Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay					Tubing Depth				
					1.54 0.15 0.15 0.15					Tubing Septi				
Perforations	<u> </u>		****							Depth Casin	g Shoe	···········		
										1				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE											SACKS CEMENT			
HOLE SIZE CASING & TUBING SIZE					DEPTH SET					SAUKS CEMERT				
				_						İ				
V. TEST DATA AND REQUES	TEODA	HOWA	RIE		<u> </u>					i 				
OIL WELL (Test must be after n				il and musi	i be equal i	10 OF 6	xceed top	allow	able for this	depth or be f	for full 24 hour	r s .)		
Date First New Oil Run To Tank	Date of Tes		<u></u>						p, gas lift, e					
							Chaha Sina							
ength of Test Tubing Pressure					Casing Pressure					Choke Size				
Actual Prod. During Test				Water - Bbis.					Gas- MCF					
GAS WELL	-								-					
Actual Prod. Test - MCF/D	Length of 1	Bbis. Condensate/MMCF					Gravity of C	ondensate						
Testing Method (puot, back pr.) Tubing Pressure (Shut-in)										Choke Size				
esting Method (publ. back pr.)	tooling Free	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				i along sac				
VI. OPERATOR CERTIFIC	ATE OF	COMP	TIANI	Œ	<u> </u>									
I hereby certify that the rules and regula				CL	11	0	IL CC	NS	SERVA	ATION I		N		
Division have been complied with and	that the infor	mation give	above	,					A C	17 28	1991			
is true and complete to the sent of my knowledge and belief.						OIL CONSERVATION DIVISION ONT 28 1991 Date Approved								
Annis		XW	1/11	10										
Signature	<u> </u>	~ //	Glade C		By	/	ORIGI	NAL	SIGNED	BY JERRY	SEXTON			
Drinted Name			Tiele					Dis	TRICT	SUPERVISO	OR .			
Printed Name Connie Malil	k Reg	. Com	p. R	ep.	Ti	tle_								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

9/24/91 915 688 6898 Telephone No.

- 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 multi-v completed wells.