NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
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IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104
SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110
FILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND	Effective 1-1-65
U.S.G.S.	AUTHODIZATION TO TRAN	NSPORT OIL AND NATURAL GA	16
LAND OFFICE	AUTHORIZATION TO TRAI	131 OKT OIL AND NATURAL G	13
OIL			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator Skelly Oil Company Address			
	Towns 70701		
P. O. Box 1351, Midland Reason(s) for filing (Check proper box)		Other (Please explain)Form	erly Skelly Oil
	Change in Transporter of:	Company's Mattix	
New Well	Oil Dry Gas		II WELL ING !
Recompletion	Casinghead Gas Condens		
Change in Ownership X	Cusinghed Gus condens		
If change of ownership give name and address of previous owner	LEASE Well No. Pool Name, Including For		Lease No.
Myers Langlie-Mattix Un	it 189 Langlie-Mattix	Seven Rivers Q. State, Federal	or Fee State B-9974
Location			
Unit Letter / M ; 66	O Feet From The South Line	and 660 Feet From T	_{he} West
Unit Letter;;	Feet From The	and rect rem r	
Line of Section 2 Tov	vnship 24S Range	37E , NMPM, Le	a County
Line of Section Z Tov	visith 740	372 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
THE TOTAL AMERICAN OF THE ANGROUS	PER OF OH AND NATURAL GAS	2	
Name of Authorized Transporter of Oll	TER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)
	ne (Temporarily Abandoned	Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Cas	or Dry Gas	Address (Give address to writer approve	ed copy of this form is to be sent,
None		140	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	n
	M 2 24S 37E	No	
give location of tanks.	<u> </u>		
<u> </u>	_ 	<u> </u>	
If this production is commingled wi	th that from any other lease or pool, g	give commingling order number:	
If this production is commingled with COMPLETION DATA	th that from any other lease or pool, a	<u> </u>	Plug Back Same Res'v. Diff, Res'v.
If this production is commingled wi	th that from any other lease or pool, a	give commingling order number:	
If this production is commingled with COMPLETION DATA	th that from any other lease or pool, a	give commingling order number:	Plug Back Same Res'v. Diff, Res'v.
If this production is commingled with COMPLETION DATA Designate Type of Completic	th that from any other lease or pool, and the control of the contr	New Well Workover Deepen	
If this production is commingled with COMPLETION DATA Designate Type of Completic	th that from any other lease or pool, and the control of the contr	New Well Workover Deepen	
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VI.

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

District Production Manager

(Date)

(Signature) (Title)

Leland Franz

1.

II.

H.

V.

V.

(SIGNED) LELAND FRANZ

April 4, 1974