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NO. OF COPIES RE	CEIVED				A CONTRACTOR		
DISTRIBUT	ION	NE NE	EW MEXICO OIL CO	Form C-104			
SANTA FE			- · · · · · · · · · · · · · · · · · · ·	Supersedes Old C-104 and C-110			
FILE]		FOR ALLOWABLE AND	:	Effective 1-1-6	5
U.S.G.S.		AUTHORIZ	ZATION TO TRA	NSPORT OIL AND	NATURAL GAS	"11 100	
LAND OFFICE					7 "0	1.14 ° 159	
TRANSPORTER	GAS						
OPERATOR]					
PRORATION OF	FFICE	<u> </u>					
Operator	AILLARD DECI	K			· · · · · · · · · · · · · · · · · · ·		
Address	. O. Box 409,	, Eunice, Nev	v Mexico 882	231			
Reason(s) for filin	g (Check proper box,	,		Other (Pleas	se explain)		
New Well		Change in Tro	insporter of:				
Recompletion		Oil	Dry Gas	s 📙			
Change in Owners	hip	Casinghead G	cas Conden	sate			
If observe of owns	ashin siya nama						
If change of owner and address of pr		 					
•			1	$-1/\sqrt{J_Z}$	1		
II. DESCRIPTION	OF WELL AND	LEASE	ol Name, Including Fo	ormation	Kind of Lease	***************************************	Legse No.
Lease Name	hell State	Well No. Poo	Langlie Mai		State, Federal or F	e State	
			rondite tales	TIA COUNTY			
Location	K 198	10	South	1980		West	
Unit Letter	;;	Feet From T	heLin	e and	Feet From The	7,00	
Line of Section	36	wnship 24 S	Range	36 E , NMP	М	Lea	County
Te	OF TRANSPORTED TRANSPORTED TO THE PROPERTY OF TRANSPORTED TO T	or Conde	ensate 🗌	Address (Give address	s to which approved c	opy of this form is t	o be sent)
Name of Authorize	1.5			P. O. Box 15	10, Midland,	Texas 79701	o be sent)
	ed Transporter of Cas Paso Natural	singhead Gas	or Dry Gas	P. O. Box 14	s to which approved c 192, El Paso, T	opy of this form is t	o be sent)
If well produces o	l Paso Natural	singhead Gas	or Dry Gas	Address (Give address	s to which approved c 192, El Paso, T	opy of this form is t	o be sent)
give location of to	oil or liquids, anks.	Gas Campan Unit Sec.	Twp. Rge. 24 \$ 36 E	P. O. Box 14 Is gas actually connectives give commingling ord	s to which approved company to the state of	opy of this form is t exces 79900 10/4/68	
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GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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.

millant Rick	
(Signature) Owner-Operator	
 9/15/49	

(Date)

OIL CONSERVATION COMMISSION

OIL CONSERVATION COMMISSION	
APPROVED SEP 19159 19	
APPROVED	
ex A. X. Mary	
SUPERVISOR DISTRICT #	
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.