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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

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
E.O.C.C.

JAN 11 8 32 AM '66

Operator
Secondary Mobil Oil Company, Inc.
Address
P. O. Box 1800, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Intercompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change Name & Well No. due to unitization.
Old Name: State of New Mexico "CB" #2
If change of ownership give name and address of previous owner
Texaco, Inc., P. O. Box 728, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE
Lease Name
E-K Queen Unit Tract 11
Well No.
2
Pool Name, including Formation
E-K Yates Seven Rivers Queen
Kind of Lease
State, Federal or Fee
State
Location
Unit Letter
H
1980 Feet From The
North Line and
660 Feet From The
East
Line of Section
23 Township
18-S Range
33-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
Box 2130, Hobbs, New Mexico
If well produces oil or liquids, give production of tank.
Unit
A
Sec.
23
Twp.
18-S
Rge.
33-E
Is gas actually connected?
Yes
When
9-19-57

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'tv. ☐ Diff. Res'tv. ☐
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.S.T.D.
Pool
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Perforations
Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be able for this)
Date First New Oil Run To Tanks
Date of Test
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 (pitot, back pr.)
Tubing Pressure
Casing Pressure
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
Group Supervisor
December 30, 1965
Date
OIL CONSERVATION COMMISSION
APPROVED
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 Sections I, II, III, and VI only 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.