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

04 11 '66

MOBIL OIL COMPANY, INC.

P. O. Box 1800, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well   
 Reclassification   
 Change in Ownership

Change in Transporter of:  
 Oil  Dry Gas   
 Casinghead Gas  Condensate

Other (Please explain)

Change Name & Well No. due to Unitization

Old Name: Sivley Federal #4

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>E. K. Queen Unit Tract 2</b>	Well No. <b>4</b>	Pool Name, including Formation <b>E. K. Yates Seven Rivers Queen</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>M</b>	<b>350</b> Feet From The <b>south</b> Line and <b>762</b> Feet From The <b>West</b>		
Line of Section <b>19</b>	Township <b>18-S</b>	Range <b>34-E</b>	County <b>Lea</b>

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2130, Hobbs, New Mexico</b>					
If well produces oil or liquids, give location of tanks. <b>L</b>	Unit <b>19</b>	Sec. <b>18-S</b>	Twp. <b>34-E</b>	Rge. <b>yes</b>	Is gas actually connected? <b>yes</b>	When

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load 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
Action 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

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.

*E. J. Kennon*  
(Signature)

Group Supervisor  
(Title)

December 29, 1965  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

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 multiple