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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 2 11 24 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Mobil Oil Corporation	
Address Box 633, Midland, Texas 70701	
Reason(s) for filing (Check proper box)	Other (Please explain) Name change and Well No.
New Well <input type="checkbox"/>	due to Unitization:
Recompletion <input type="checkbox"/>	Old Name: Mobil Oil Corporation
Change in Ownership <input checked="" type="checkbox"/>	Carper State No.1
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				
Lease Name E-K Queen Unit Tract 10	Well No. 1	Pool Name, including Formation E-K Yates Seven Rivers Queen	Kind of Lease State, Recomple	Lease No.
Location				
Unit Letter P	660	Feet From The South	Line and 660	Feet From The East
Line of Section 14	Township 18-S	Range 33-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	P. O. Box 2130, Hobbs, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 14	Twp. 18-S	Rge. 33-E	Is gas actually connected? Yes	When 1956

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS MARK			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 correct to the best of my knowledge and belief.		APPROVED _____, 19____	
BY _____		BY _____	
TITLE _____		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 each pool or other well name or number, or transporter, or other such change of completion.			
Separate Forms C-104 must be filed for each pool in multiply			
January 31, 1967			
(Date)			