

DISTRIBUTION			
SANTA FE			
FILE			
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

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

I. Operator  
Mobil Oil Corporation

Address  
Suite 800, Three Greenway Plaza East, Houston, Texas 77046

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	P&A Eunice (San Andres) Plug back to
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	recompleted in Eumont Queen Gas Zone
		Dry Gas	<input checked="" type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name E. O. Carson	Well No. 23	Pool Name, including Formation Eumont Queen Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>G/</u> ; <u>2640</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u> Line of Section <u>33</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Commercial Bank Tower, Midland, Texas 79701		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? No	When waiting on gas con- nection

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.
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date <del>Spaced</del> W.O. Started 7-30-76	Date Compl. Ready to Prod. 8-3-76	Total Depth 4600	P.B.T.D. 3920					
Elevations (DF, RKB, RT, GR, etc.) 3459 GR	Name of Producing Formation Queen Gas	Top Oil/Gas Pay 3481	Tubing Depth 3430					
Perforations 3481-3519 1JSPF Total of 40 Holes			Depth Casing Shoe 4100					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	343	325x					
12-1/4	9-5/8	2786	2600x					
8-3/4	7	4100	430x					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

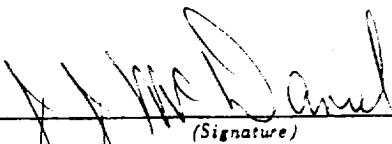
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

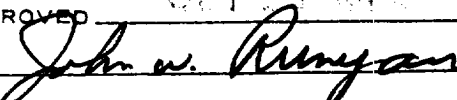
Actual Prod. Test-MCF/D 181	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate .694
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 195	Casing Pressure (Shut-in) Packer	Choke Size 12/64"

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)  
Authorized Agent  
(Title)  
8-19-76  
(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 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 multiple