EIVED	1	
DISTRIBUTION		
SANTA FE		
FILE		
U.\$.G.\$.		
LAND OFFICE		
OIL		
GAS		
OPERATOR		
	OIL	OIL

Authorized Agent

October 31, 1979 (Date)

	DISTRIBUTION	I	CONSERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65		
	FILE		AND			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	OIL OIL	 				
	TRANSPORTER GAS	_				
	OPERATOR	_				
ı	PRORATION OFFICE	-		•		
••	Operator					
	Mobil Producing Texa					
Address						
		uite 2700, Houston, TX 7	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
	Reason(s) for filing (Check proper be	Change in Transporter of:	Other (Please explain)			
	To smaller operator make from hobit off					
	Recompletion Oil Dry Gas Corporation. Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980)					
	change in ownership	(Effective Date: 1-1-1980)				
	If change of ownership give name					
	and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE						
Lease Name Well No. Pool Name, Including Formation Kind of Lease						
Humphrey Queen Unit 24 Langlie Mattix 7 Rivers Queen State, Federal or Fee Fee						
				_		
	Line of Section 3 T	ownship 25-S Range 3	37-F , NMPM,	Lea County		
	THE STATE OF THE ANGROUS	DOTTO OF OUR AND NATURAL CA	15			
III.	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)		
	Shell Pipeline Corp		Box 2648 Houston,	TX 77001		
		asinghed Gas 🔀 or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)		
	El Paso Natural Gas Co)	Box 1492 El Paso,	TX 79978		
	If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? Wh	nen		
	give location of tanks.	F & K 3 25-S 37-E	Yes	Unknown		
	If this production is commingled w	with that from any other lease or pool,	give commingling order number:	1		
	COMPLETION DATA					
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
			Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Dievenous (DI , MAD, MI, ON, Ele.)					
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oll epth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OIL WELL 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	Oli-Bbis.	Water-Bbls.	Gas-MCF		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of 1 eat				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	resitted Manual (hone) ages his)		•			
VI CERTIFICATE OF COMPLIANCE OIL CONSERVATION O				ATION COMMISSION		
¥1.	I. 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.		DEC	3 1970		
			APPROVED DEU	<u>U IJI </u> , 19		
			Orig. Signed by			
			BY Jerry Sexion			
			TITLE Dist 1.	sups.		
	an Death		This form is to be filed in	compliance with RULE 1104.		
	$UM_{\mathcal{L}}$	Heath	70 11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	mable for a newly drilled or deepened		
	- // / / /Si	anatura)	well, this form must be accomp	anied by a tabulation of the deviation		

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