NO. OF COPIES REC	EIVED	j		
DISTRIBUTION				
SANTA FE				
FILE				
U.\$.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS	3		
OPERATOR				
PRORATION OFFICE				
Operator				
Mobil Oil Corporation				
Address				
Box 633, Midland, Texas				
Reason(s) for filing	Check	proper	box)	
New Well				
Recompletion				
Change in Ownership	<u>X</u>	5-1-	69	

## EW MEXICO OIL CONSERVATION COMMISSION

Form C-104 110

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65							
	U.S.G.S.	ALITHORIZATION TO TR	"ANDS OFFICE O. C. C. ANSPORT OIL AND NATURAL								
	LAND OFFICE	ASTRICKIZATION TO TR	MAY 0	GAS							
	TRANSPORTER OIL		May 9   37 7 9 99								
	GAS										
	OPERATOR										
1.	PRORATION OFFICE			•							
	Mobil Oil Corporation										
	Address										
	Box 633, Midland, Texa	15									
	Reason(s) for filing (Check proper box		Other (Please explain)								
	New Well	Change in Transporter of:	omer (Freede explain)								
	Recompletion	Oil Dry Go	rs 🔲	•							
	Change in Ownership X 5-1-69	Casinghead Gas Conde	nsate 🔲								
	If shows of a war as his single state of the	_									
	If change of ownership give name and address of previous owner	George L. Buckles Com	pany, Box 56, Monahans,	Texas							
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F	ormation Kind of Lea								
	Fristoe										
	Location	5 Langlie Mattix	//River Queen   State, 1 state	Federal 032592							
	/ D 00	00 Coudh	202								
	Unit Letter P ; 95	Poet From The South Lir	ne and 990 Feet From	The <u>Fast</u>							
	Line of Section 3 Tov	vnship 25-S Range	37-E , NMPM,	Lea County							
			<u> </u>	Lea county							
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	AS								
	Name of Authorized Transporter of Oil		Address (Give address to which appr	oved copy of this form is to be sent)							
Texas-New Mexico Pipe Line Company  Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy				land. Texas							
	Name of Authorized Transporter of Cas										
	El Paso Natural Gas Co		P. O. Box 1492, E1	Paso, Texas							
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		hen							
		H 3 25-S 37-E		Unknown							
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:								
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.							
	Designate Type of Completic	on = (X)		1 1 1							
	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										
		T	CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi.	l and must be equal to or exceed ton allow-							
• •	OIL WELL										
	Date First New Oil Run To Tanks	Date of Test	Oate of Test Producing Method (Flow, pump, gas lift, etc.)								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	Annual Book Busine Tool	Oil-Bbls.	Water-Bbls.	Gas-MCF							
	Actual Prod. During Test	On-Bais.	water-Bbis.	Gui-MCF							
	GAS WELL										
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
				·							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
VI. CERTIFICATE OF COMPLIANCE				ATION COMMISSION							
			APPROVED  SUPERVISOR DISTRICT  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.								
	I hereby certify that the rules and r										
	Commission have been complied wabove is true and complete to the										
	• • • • • • • • • • • • • • • • • • • •										
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	11 hall -	//									
	11/2 K) Bue	<u>U</u>									
	Authorized Agent	ture)									
(Title) 5-6-69 (Date)			All sections of this form must be filled out completely for cllow- able 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.								
							(Dute)		Separate Forms C-104 must be filed for each pool in multiply		
									completed wells.		