OF TOPIES RECEIVED			
DISTRIBUTION			1
NTA FE		 	
LE.			
.5.G.S.			
AND OFFICE		↓	
RANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			
	CICF.	1	1

NEW MEXICO OIL CONSERVATION COMMITTED

Form C-104 Supersedes Old C-104 and C-110

DISTRIBUTION	NEW MEXICO OIL CONSE	ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
ITA FE	AN	REGULST			
E	AUTHORIZATION TO TRANSP	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
S.G.S.					
OIL	Uct 10 53 111 139				
RANSPORTER GAS	•	••			
PERATOR					
ROBATION OFFICE					
eretor Gameration					
Mobil Oil Corporation					
con Midland Texas		Other (Please explain)			
Box 633, MILLENG, 2000 eoson(s) for filing (Check proper box)	Change in Transporter of:	Name Change. Effect	tive 10-1-69		
ew We!l	Oil Dry Gas Was Stuart Tr. 5, Well #2				
ecompletion	Casinghead Gas Condensate	e			
hange in Ownership					
change of ownership give name					
d address of previous			Lease No.		
ESCRIPTION OF WELL AND LE	Well No. Pool Name, Including Form	ation Kind of Lease State, Federal	or Fee Fee		
ease Name	it 2 Langlie Mattix 7/	River Queen State, read-	ree		
			he West		
Location /E ; 198	O Feet From The North Line a	and 330 Feet From T			
Unit Letter	Range 37.	-E , NMPM, Lea	County		
Line of Section 14 Town	ship 25-S Range 31.	-11			
	CR OF OH, AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)		
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS X) or Condensate []	Address (Give dadress to willow 11	Toyac Toyac		
	+ion	P. O. Box 2618. Hou Address (Give address to which approv	sed cop; of this form is to be sent)		
Shell Pipe Line Corpora Name of Authorized Transporter of Casi	nghead Gas X or Dry Gas	P. O. Box 1492, F1			
El Paso Natural Gas Com	ipany	Is gas actually connected? Whe	•••		
at all reduces oil or liquids,	0 C C 127 F	Yes	10/7/54		
give location of tanks.	E 114 25-S 137-E 1	give commingling order number:			
If this production is commingled wit	h that from any other lease or pool, g	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
COMPLETION DATA	Oil Well Gas wern	New Well			
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded	Date Compl. Reday to 1.001		Tubing Depth		
	Name of Producing Formation	Top Oll/Gas Pay	1 42.114		
Elevations (DF, RKB, RT, GR, etc.)		<u> </u>	Depth Casing Shoe		
Perforations					
FEIX	THRUS CASING AND	D CEMENTING RECORD	SACKS CEMENT		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE	CASING & TOTAL				
		for economy of total volume of load o	il and must be equal to or exceed top allo		
V. TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be able for this d	depth or be for full 24 hours)	11(t etc.)		
VII 16 F 1 1	Date of Test	Producing Method (Flow, pump, gas	13,1, 2303,		
Date First New Oil Run To Tanks			Choke Size		
4 Tank	Tubing Pressure	Casing Pressure			
Length of Test		Water-Bbis.	Gas-MOF		
Actual Prod. During Test	Oil Bbls.				
1		A 12 A 25	Gravity of Condensate		
GAS WELL	Length of Test	Bbls. Condensate AMMCF			
Actual Prod. Test-MCF/D		Casing Pressure (Chut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
a carried married to		OIL CONSER	RVATION COMMISSION		
VI. CERTIFICATE OF COMPLI	ANCE		1969, 19		
		OR APPROVED			
I hereby certify that the rules a	and regulations of the Oil Conservation of with and that the information given the best of my knowledge and belic	en ov	1 comes		
Commission have been complication above is true and complete to	ed with and that the information growth the best of my knowledge and believe the best of my knowledge and my knowledge and believe the best of my knowledge and my	cf. BY			
		11752	Manager of 1104.		
7) , ,	Λ	This form is to be filed	d in compliance with RULE 1104. Ellowable for a newly draited or deep companied by a tabulation of the dayl		
(Smel)	ا ک م	If this is a request for	omnaged by a tabulation of the day!		

Wim aniel	
Authorized Agent (Title)	
18-7-69 (Date)	

If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tubulation of the deviation tests takes, on the well in sproplance with SULE 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