## SANTA FE Supersedes Old C-104 and C-113 REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHURIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operato Mobil Oil Corporation Box 633, Midland, Texas 79701 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: XX Dry Gas Recompletion Condensate Casinahead Gas Change in Ownership If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE. | Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Fee Langlie-Mattix Queen Unit 40 Langlie-Mattix Feet From The North Line and 1650 East 1650 Range 37-E , NMPM. 25-S County Line of Section 22 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Box 1910, Midland, Texas 79701 Shell Pipe Line Co. Name of Authorized Transporter of Casinghead Gas 📉 💮 or Dry Gas 🦳 Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas El Paso Natural Gas Co. P.ge. Is gas actually connected? Unit Sec. Twp. If well produces oil or liquids, 10-29-71 D 16 25-S 37-E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Oil Well Workover Plug Back Gas Well New Well Deepen Designate Type of Completion - (X) χ P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 3,330 3,345 10-29-71 Tubing Depth Top Oil/Gas Fay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 3,265 Queen 3,243 3075 DF Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 100 sx circulated 10-3/4 No Records 250 sx 7-5/8 <u>1,103</u> 200 sx 3,285 5-1/2 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks 2" x 1-1/2" x 12' Pump 10-29-71 10-29-71 Choke Size Casing Pressure Tubing Pressure Length of Test 2" 24 Gas - MCF Water - Bbls. Actual Prod. During Test **TSTM** 64 2 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE NOV \_, 19 -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 beat of my knowledge and belief. APPROVE

Christine O. Lucker Proration Clerk (Title)

11-4-71 (Date) This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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 completed wells.

## RECEIVED

01L COMPERVATION COMM.

1	.U. D. COPIES RECEIVED		٠,
	DISTRIBUTION		
	SANTA FE		
	FILE		
	U.S.G.S.	UA	THO
	LAND OFFICE		
	TRANSPORTER GAS		
	OPERATOR		
ı.	PRORATION OFFICE		
	Operator	/ .	
	Mobil oil	60	11
	Address		
	Reoson(s) for filing (Check proper box)	MIC	1/
	Reason(s) for tiling (Check proper box)	<b>C</b> 1	
	New Well		ige in
	Recompletion	011	
	Change in Ownership	Casi	nghea
	If change of ownership give name and address of previous owner		
	necontrol or user Ann I	FACE	
11.	DESCRIPTION OF WELL AND I	Well	No.
	Laughie mittix Queen	. 14 41	0
	Location - 1916 1 X 4 1 3 6 4		0
	Unit Letter G: 16.5	-0 5	• C
	Unit Letter C: : 72.3	ree	t r ion
	Line of Section 22 Tow	nship	25
III.	DESIGNATION OF TRANSPORT	ER OF	OIL.
	Name of Authorized Transporter of Oil		or Co
	NONE		
	Name of Authorized Transporter of Cas.	inghead Go	as []
	NEHE	r	
	If well produces oil or liquids,	Unit	Sec.
	give location of tanks.	r r	! !
	If this production is commingled with COMPLETION DATA	h that fro	
	Designate Type of Completion	n - (X)	0:
	Date Spudded	Date Con	pl. R
	Elevations (DF, RKB, RT, GR, etc.)	Name of	Produ
	Perforations		
		_ <u>_ ,</u>	Ŧ
			T

## NEW MEXICO OIL CONSERVATION COM. ON

Form C-104

	SANTA FE	REQUEST	EST FOR ALLOWABLE  Supersedes Old C-104 and C Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	AND INSPORT OIL AND NATURA				
	LAND OFFICE	AOTHORIZATION TO TRA	MAPORT OIL AND RATORA	L GAS			
	TRANSPORTER OIL						
	GAS						
	OPERATOR PROPATION OFFICE						
<b>.</b>	Operator						
	Address Mobil Oil Corporation						
	Address Prox 633, Midland, Texas 29201						
	Reason(s) for filing (Check proper box	)	Other (Please explain)	From Strugat In 6. wellal			
	Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  Name Change From Strugat Tab. wellship  Name Cha						
	Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name						
	and address of previous owner	I PACE					
1.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kind of L	ease Leaso No.			
	Langlis mottix Quees	4 140 Lang/10-1	Mattix State, Fed	teral or Fee			
	Location	•		- 4-			
	Unit Letter G: //	50 Feet From The <u>NOPTH</u> Lin		•			
	Line of Section 22 To	wnship 25-5 Range	37-E, NMPM, LC	County			
I.	DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GA	Address (Give address to which as	proved copy of this form is to be sent)			
	None		(6: 11				
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give dadress to which af	proved copy of this form is to be sent)			
	NEH C	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	If well produces oil or liquids, give location of tanks.						
	this production is commingled with that from any other lease or pool, give commingling order number:						
	Designate Type of Completic	on - (X)   Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Rest			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
			Top Oll/Gas Pay	Tuking Depth			
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top On/Gas Pay	Turning Depth			
	Perforations Depth Casing Shoe						
		TUBING, CASING, AND	CEHENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oll and must be equal to or exceed top allo			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, so	s lift, etc.)			
	Date First New Off Man 10 1 dines						
	Length of Test	Tubing Pressure	Casing Pressure	Chake Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas • 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			
Ί.	CERTIFICATE OF COMPLIAN	CE	II / \	RVATION 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 complete to the best of my knowledge and belief.		APPROVED AUG	, 19			
			BY Williams				
			CHOUDING				
			TITLE SUPERVISOR DISTRICT I				
	V \ moli   an I		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly deliled or danger.				
	(Signature)		Il most thin form must be approximated by a tabulation of the deviate				
	Ackeried Agent		tests taken on the wall in conscious with RULE 111.  All sections of this form must be filled out completely for all:				
	The Aller of the state of the s		eble on new and recompleted wells.				
	(Date)		Fill out only Sections I. II. III. and VI for changes of own- well name or number, or transporten or other such change of conditi				
	(U		Separate Forms C-104	must be filed for each pool in multi,			
			Il anomalasad matte				

RECEIVED

AUG - 1971

OIL CONSERVATION COMM. HOBBS, N. I.I.