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| 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-110  
Effective 1-1-65

I. Operator  
Mobil Producing Texas & New Mexico Inc.  
Address  
9 Greenway Plaza, Suite 2700, Houston, TX 77046  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐ Other (Please explain)  
To change Operator name from Mobil Oil Corporation.  
(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             | Lease No. |
| Langlie Mattix Queen Unit   | 34       | Langlie Mattix 7 Rivers Queen  | State, Federal or Fee Fee |           |
| Location<br>Unit Letter H ; 1650 Feet From The North Line and 990 Feet From The East<br>Line of Section 22 Township 25-S Range 37-E, NMPM, Lea County |          |                                |                           |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Shell Pipeline Corp  | Box 2648 Houston, TX 77001   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved 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, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| G 15 25-S 37-E   | Yes Unknown  |

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. |
| 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           |                 |              |          |        |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |              |          |        |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        | DEPTH SET       | SACKS CEMENT |          |        |           |             |              |
|                                      |                             |                 |              |          |        |           |             |              |
|                                      |                             |                 |              |          |        |           |             |              |
|                                      |                             |                 |              |          |        |           |             |              |

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)

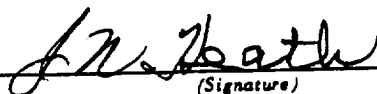
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure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

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | 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

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)

October 31, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 3 1979, 19  
BY Jerry Brown  
TITLE Dist. 2. Supch

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 multiply

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| U.S.G.S.               |            |
| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PERFORATION OFFICE     |            |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-101 and C-111  
Effective 1-1-65

OCT 9 10 53 AM '69

|  |                                |
|--|--------------------------------|
| Operator<br>Mobil Oil Corporation            |                                |
| Address<br>Box 633, Midland, Texas           |                                |
| Reason(s) for filing (Check proper box)      | Other (Please explain)         |
| New Well <input type="checkbox"/>            | Name Change. Effective 10-1-69 |
| Recompletion <input type="checkbox"/>        | Was Stuart Tract #7, Well #1   |
| Change in Ownership <input type="checkbox"/> |                                |

If change of ownership give name  
and address of previous owner

|  |  |                              |               |
|--|--|------------------------------|---------------|
| DESCRIPTION OF WELL AND LEASE                                  |  | Kind of Lease                | Lease No.     |
| Lease Name<br>Langlie Mattix Queen Unit                        | Well No.<br>34   | State, Federal or Fee<br>Fee |               |
| Pool Name, including Formation<br>Langlie Mattix 7/River Queen |  |                              |               |
| Location   |  |                              |               |
| Unit Letter<br>H   | : 1650 Feet From The<br>North Line and 990 Feet From The<br>East |                              |               |
| Line of Section<br>22  | Township<br>25-S   | Range<br>37-E                | County<br>Lea |

|  |           |  |              |
|--|-----------|--|--------------|
| 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         |           | P. O. Box 2648, Houston, Texas   |              |
| Shell Pipe Line Corporation  |           | Address (Give address to which approved copy of this form is to be sent) |              |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> |           | P. O. Box 1492, El Paso, Texas   |              |
| El Paso Natural Gas Company  |           | Is gas actually connected? When  |              |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br>H | Sec.<br>22   | Twp.<br>25-S |
|  |           | Rge.<br>37-E   | Yes          |
|  |           |  | Unknown      |

If this production is commingled with that from any other lease or pool, give commingling order number:

|                                      |                             |                 |          |                   |          |        |           |              |               |
|--------------------------------------|-----------------------------|-----------------|----------|-------------------|----------|--------|-----------|--------------|---------------|
| V. COMPLETION DATA                   |                             | Oil Well        | Gas Well | New Well          | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| Designate Type of Completion - (X)   |                             |                 |          |                   |          |        |           |              |               |
| 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 |          |        |           |              |               |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |          |                   |          |        |           |              |               |
| HOLE SIZE                            | CASING & TUBING SIZE        | DEPTH SET       |          | SACKS CEMENT      |          |        |           |              |               |
|                                      |                             |                 |          |                   |          |        |           |              |               |
|                                      |                             |                 |          |                   |          |        |           |              |               |
|                                      |                             |                 |          |                   |          |        |           |              |               |

|   |                 |   |            |
|---|-----------------|---|------------|
| 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                         |                           | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Actual Prod. Test-MCF/D          | Length of Test            |                           |                       |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

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.

*J. McDaniel*  
(Signature)

Authorized Agent  
(Title)

10-7-69  
(Date)

|                             |                       |
|-----------------------------|-----------------------|
| OIL CONSERVATION COMMISSION |                       |
| APPROVED                    | OCT 10 1969           |
| BY                          | <i>J. McDaniel</i>    |
| TITLE                       | SUPERVISOR DISTRICT 1 |

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 deviated 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.