40. OF COPIES REC	EIVED	!	
DISTRIBUTION			1
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		1	1 —

	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
1.	TRANSPORTER OIL GAS OPERATOR PROPERTION OFFICE				
	Operator Mobil Producing Texas & New Mexico Inc.				
	Address 9 Greenway Plaza, Sui	te 2700. Houston, TX 77	046		
	9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reason(s) for f:ling (Check proper box) Other (Please explain)				
	New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Corporation.	Date: 1-1-1980)	
	If change of ownership give name and address of previous owner				
IJ.	DESCRIPTION OF WELL AND I	.EASE	- Kind of Lagea		
	Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
	Unit Letter H : 1650	9 Feet From The North Line	and 990 Feet From T	he <u>East</u>	
	Line of Section 22 Tow	mship 25-S Range	37-Е , МРМ,	Lea County	
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approv		
	Name of Authorized Transporter of Oil Shell Pipeline Corp	or Condensate	Box 2648 Houston,		
	Name of Authorized Transporter of Cas El Paso Natural Gas Co	inghead Gas 🙀 or Dry Gas 🗀	Address (Give address to which approved Box 1492 E1 Paso T		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 15 25-S 37-E	is gas actually connected? When Yes		
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g		<u> </u>	
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	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	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEFIN SET	3.31.3 GENEVI	
V.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be af able for this deposite of Test	fter recovery of total volume of load oil a pth or be for full 24 hours) Producing Method (Flow, pump, gas life	ind must be equal to or exceed top allow-	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbie.	Water - Bbls.	Gas-MCF	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
3/1	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled 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)		APPROVED DEC 3 1979			
		Orig. Signed by BY Jerry States			
		TITLE Dist 7. Septa			
		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 silow- able on new and recompleted wells.	
		Fill out only Sections I. I	. III, and VI for changes of owner, er, or other such change of condition.		
			(De	t be filed for each pool in multiply	

O. OF COPIES RECEIVED	○ 10.0	ACCIO	Form C-104
DISTRIBUTION	W MEXICO OIL CON	ISERVATION C AISSIC	Supersedes Old C-101 and C-11:
NTA FE		REQUEST FOR ALLOWABLE	
LE	41.	AND	۸ς
s.G.5.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL G	A.S.
ND OFFICE	_		
OIL	ULI	9 10 sa 21 '69	•
RANSPORTER GAS		**	
PERATOR			
RORATION OFFICE			
erator			
Mobil Oil Corporation			•
dress			
Box 633, Midland, Texas	5	Other (Please explain)	
ason(s) for filing (Check proper box)	Change in Transporter of:	Name Change. Ef.	fective 10-1-69
w We!L	Oil Dry Gas		#7. Well #1
ecompletion	<u> </u>		,,,
hange in Ownership	Casinghead Gas Condens		
At the same			
change of ownership give name d address of previous owner			
a secress of bretteen and a			
ESCRIPTION OF WELL AND	LEASE	emation Kind of Leas	e Lease No.
	1 11000 11-1	State, Feder	nlor Fee Fee
Langlie Mattix Queen U	Init 34 Langlie Mattix	[/Kiver Queen	A A A A A A A A A A A A A A A A A A A
	60 Feet From The North Line	e and 990 Feet From	The <u>East</u>
Unit Letter H ; 165	Peet Flori 1110		County
T 0	waship 25-S Range 3	7-E , NMPM, I	les count
Line of Section 22 16	Wilding E)-D		
and mark the state of the state	TED OF OIL AND NATURAL GA	S	Leavy of this form is to be sent!
ESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appr	oved copy of this form to the care,
Name of Authorized Transporter of Oi		P 0 Box 2648_H	ouston Texas
Shell Pine Line Corpo	ration usinghed Gas [X] or Dry Gas []	Address (Give address to which appr	ouston Texas oved copy of this form is to be sent)
Name of Authorized Transporter of O	isinglisad one M	P. O. Box 1492, F.	
El Paso Natural Gas C	ompany	Is gas actually connected?	hen
If well produces oil or liquids,	, 0	1	Unknown
	H 22 125-S 137-E	Yes	
thisdustion is commingled w	ith that from any other lease or pool,	give commingling order number.	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Res
	Oil well	Non west	
Designate Type of Complet	ion – (A)	15-9	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Date Spaceou			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
Elevations (Dr., RRB, R1, OR, etc.)			Depth Casing Shoe
			Depth Casing Shoo
Perforations			
	THEING CASING AN	ND CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TOBING SIZE		
			oil aid must be round to or exceed top a
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top a
OIL WELL	able for this	depth or be for full 24 hours) Producing Method (Flow, pump, 50	
Date First New Oil Run To Tanks	Date of Test	bigdrettid wattog it took bemak be	
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Feudiu di teer			Gas - MOF
The state of the s	Oil-Bbls.	Water - Bbls.	
Actual Fred, During Test	_		
GAS WELL	It with of Tent	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Tost-MCF/D	Length of Test		
	12. 12.	Casing Pressure (Shut-in)	Choke Size
Testing Marked (pitot, back pr.)	Tubing Pressure (Shut-in)		i

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

10008 is title and complete to the	
Men amel	
Signature (Signature)	1.
Muthorized Azent (Tide)	
(Date)	

OIL CONSERVATION COMMISSION

APPROVE

SUPERVISOR DISTRICT TITY 5/

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep, and well, this form most be accompanied by a tabulation of the devictive tests taken on the well in accordance with not a 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 conditions

Separate Forms C-104 must be filed for each pool in multiply completed wells.