	NO. OF COPIES RECEIVED					
	DISTRIBUTION					
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	IRANSPORTER	OIL				
	TARKS ON EN	GAS				
	OPERATOR					
	PRORATION OFFICE					
	Mobil Oil Corporation					
	Address					
	Box 633, Midland, Texa					
	Reason(s) for filing (Check proper box)					
	New Well	1 1				

EW MEXICO OIL CONSERVATION COMMISSIC

	SANTA FE	REQUEST F	FOR ALLOWABLE AND HARBS OSEROE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAI	· · · · ·			
	LAND OFFICE	AUTHORIZATION TO TRAI				
	IRANSPORTER OIL		MAY 9 43 PW	' [9		
	OPERATOR GAS					
I.	PRORATION OFFICE		,			
	Operator Mobil Oil Corporation Address					
	Box 633, Midland, Texas					
	Reason(s) for filing (Check proper box)					
	New Well Recompletion	Change in Transporter of: Oil Dry Gas				
	Change in Ownership $X = 5-1-69$	Casinghead Gas Condens	sate 🔲			
	If change of ownership give name and address of previous owner	George L. Buckles Compa	any, Box 56, Monahans, Te	exas		
11.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo.	ormation Kind of Lease	Lease No.		
	Stuart Tract No. 7	l Langlie-Mattix		F		
	Unit Letter H; 1650 Feet From The North Line and 990 Feet From The East					
	88	nship 25-S Range	37-E , NMPM, Le	ea County		
III.	DESIGNATION OF TRANSPORT		S Address (Give address to which approve	d conv of this form is to be cent!		
	Name of Authorized Transporter of Oil Shell Pipe Line Corpora	· · · · · · · · · · · · · · · · · · ·	P. O. Box 2648, Houston	_		
	Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)		
	El Paso Natural Gas Com	mpany Unit Sec. Twp. Rge.	P. O. Box 1492, El Paso Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	H 22 25-S 37-E		nknown		
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA					
	Designate Type of Completio		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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-					
٠.	OIL WELL able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Year				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
	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	CE	OIL CONSERVA	TION, COMMISSION		
			APPROVED	<u> </u>		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Jagge Million			
	above is true and complete to the best of my knowledge and belief.		BY H HAME			
			TITLE			
	1 mah anio		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	Authorized Agent (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	5-6-69		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.			
		ate)	well name or number, or transporte	be filed for each pool in multiply		
			completed wells.			

	1				
NO. OF COPIES RECEIVED					
DISTRIBUTION SANTA FE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL NEW MEXICO OIL CONSERVATION COMMISSION HURB SSAPERGES Old C-104 and C-1 Effective 5-0-50. C.				
FILE					
U.S.G.S.					
LAND OFFICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10 41 AM 165		
TRANSPORTER OIL			• • • • • • • • • • • • • • • • • • • •		
GAS					
PRORATION OFFICE					
Operator Operator					
George L. Buckles	Ø·				
P. O. Box 56 - Monahans, Texas cason(s) for filing (Check proper box) Other (Please explain)					
Mew Well	Change in Transporter of:	Change Lease na	me from F. Stuart		
Recompletion	Oil Dry Ga				
Change in Ownership X	Casinghead Gas Conden	sate			
If change of ownership give name and address of previous owner	Amerada Petroleum Corporat	ion P. O. Box 668, Hobbs	, New Mexico		
DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name		e, Including Formation Kind of Lease			
Stuart Tract No. 7	1 La	nglie-Mattix	State, Federal or Fee Fee		
Unit Letter <u>H</u> ; 165	1 Feet From The North Lin	e and Feet From	The East		
Line of Section 22 , Total	wnship 25 S Range	37 E , NMPM, L	County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)		
Name of Authorized Transporter of Oil Shell Pipe Line Corp Name of Authorized Transporter of Car		P. O. Box 2648 Houston	, Texas		
Name of Authorized Transporter of Car El Paso Natural Gas		P. O. Box 1492 El Paso			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. HI 22 25S 37E	Is gas actually connected? Wh	en ♥		
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res		
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Pool	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		
HOLL SIZE					
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this d	ifter recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to or exceed top a		
OIL WELL 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		
			Gas - MCF		
Actual Frod. During Test	Oil-Bbls.	Water-Bbls.	Gus-Wei		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			Choke Size		
resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		, 19		
Commission have been complied	with and that the information given				
above is true and complete to the	ne best of my knowledge and belief.	BY			
		TITLE			
		This form is to be filed in	compliance with RULE 1104.		
John a Beter	(John A. Bates)	If this is a request for all	wable for a newly drilled or deepe		
(Sig	nature)	well, this form must be accomp tests taken on the well in acc	panied by a tabulation of the devia ordance with RULE 111.		
Office M		B	the filled and completely for al		

Office Manager

December 10, 1965 (Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only 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.