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TRANSPORTER	OIL	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
HOOBS OFFICE  
MAY 9 1 41 PM '69  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Mobil Oil Corporation

Address  
Box 633, Midland, Texas

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒ 5-1-69

Other (Please explain)

If change of ownership give name and address of previous owner  
George L. Buckles Company, Box 56, Monahans, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stuart Tract No. 7	Well No. 1	Pool Name, Including Formation Langlie-Mattix 7/River Queen	Kind of Lease State, Federal or Fee	Fee	Lease No.
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Location  
Unit Letter H ; 1650 Feet From The North Line and 990 Feet From The East  
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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 22	Twp. 25-S	Rge. 37-E	Is gas actually connected? When 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.

J. McDaniel  
(Signature)  
Authorized Agent  
(Title)  
5-6-69  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY [Signature]

TITLE Supervisor

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 completed wells.

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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 6-1-65  
1100 SS  
Dec 13 10 41 AM '65

I. Operator  
**George L. Buckles Co.**  
Address  
**P. O. Box 56 - Monahans, Texas**  
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)  
**Change Lease name from F. Stuart Unit "B" to Stuart Tract No. 7**  
If change of ownership give name and address of previous owner  
**Amerada Petroleum Corporation P. O. Box 668, Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
**Stuart Tract No. 7**  
Well No.  
**1**  
Pool Name, Including Formation  
**Langle-Mattix**  
Kind of Lease  
State, Federal or Fee  
**Fee**  
Location  
Unit Letter **H** ; **1650** Feet From The **North** Line and **990** Feet From The **East**  
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 ☒ or Condensate ☐  
**Shell Pipe Line Corporation**  
Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 2648 Houston, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**El Paso Natural Gas Company**  
Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 1492 El Paso, Texas**  
If well produces oil or liquids, give location of tanks.  
Unit **H** Sec. **22** Twp. **25S** Rge. **37E**  
Is gas actually connected? **Yes** When **-**

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.		
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		

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  
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Length of Test  
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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  
Casing Pressure  
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.  
**John A. Bates** (John A. Bates)  
(Signature)  
**Office Manager**  
(Title)  
**December 10, 1965**  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
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.  
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