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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name Langlie-Mattix Queen Unit	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		8. Farm or Lease Name	
2. Name of Operator Mobil Oil Corporation		9. Well No. 31	
3. Address of Operator P. O. Box 633, Midland, Texas 79701		10. Field and Pool, or Wildcat Langlie-Mattix	
4. Location of Well UNIT LETTER <u>D</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>23</u> TWP. <u>25-S</u> RGE. <u>37-E</u> NMPM		12. County Lea	
19. Proposed Depth 3475		19A. Formation Queen	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 3090'	
21A. Kind & Status Plug. Bond On File		21B. Drilling Contractor Unknown	
22. Approx. Date Work will start October 13, 1969			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
13"	10-3/4"	32.75#	375	200	Surface
9"	7"	24#	2449	600	

Permission is requested to deepen this well from 3361 ft to 3475 ft and complete it as a water injection well in the Langlie-Mattix (Queen) Pool. It is presently completed as a gas well in the Jalmat (Gas) Pool. Until October 1, 1969 this well was operated by Cities Service as their #1 Dabbs.

Reference Order No. R-3823

1-14-70

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed A. D. Bond Title Proration Staff Assistant Date October 9, 1969

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: