Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Line
Reason(s) for Filing (Check proper box) Change in Transporter of: Other (Please explain)	Line
Change in Transporter of: New Well	Line
Change in Transporter of: New Well	Line
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Mobil Producing Texas & New Mexico Inc. (Effective date 7-1-89) II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Humphrey Queen Unit 19 Langlie Mattix 7 Rivers Queen State Foderal Condensate Unit Letter P: 1315 Feet From The South Line and 100 Feet From The East Section 3 Township 25-S Range 37-E, NMPM, Lea Could Condensate Address (Give address to which approved copy of this form is to be sent) Not Applicable - Water Injection Well Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Westerns Davis Condensate Condensate Condensate Commingling order number: New Well	Line
Change in Operator	Line
If change of operator give name and address of previous operator Mobil Producing Texas & New Mexico Inc. (Effective date 7-1-89)	Line
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.	Line
Lease Name	Line
Lease Name Humphrey Queen Unit 19 Langlie Mattix 7 Rivers Queen Kind of Lease Lease No.	Line
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IV. COMPLETION DATA Oil Well Gas Well New Well Workging Days D	
Oil Well Gas Well New Well Workship Described	
Oil Well Gas Well New Well Workover Deenen Plug Back Same Resty Dier t	
Designate Type of Completion - (X)	es'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
F.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 & TURNING SIZE	
TIOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	
7. TEST DATA AND REQUEST FOR ALLOWABLE	
OIL WELL (Test must be after recovery of total volume of load oil and must se equal to or exceed top allowable for this depth or be for full 24 hours.)	
Date First New Oil Run To Tank 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	
Oil - Bois. Water - Bois.	
GAS WELL	
Actual Prod. Test - MCF/D Leagth of Test	
Bbls. Condensate/MMCF Gravity of Condensate	
esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
T OPERATOR CERTIFICATE OF COMPLANCE	
VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION	
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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of rity knowledge and belief. Signature Dora McGough Regulatory Coordinator Printed Name OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of rity knowledge and belief. Date Approved By ORIGINAL SIGNED BY JERRY SEXTON District I Supervisor District I Supervisor	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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