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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 1-1-65

I. Operator
Mobil Oil Corporation
Address
Box 633, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Well was shut in August 6, 1969 waiting on waterflood response.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Humphrey Queen Unit	Well No. 12	Pool Name, Including Formation Langlie Mattix Queen	Kind of Lease State, Federal or Fee Federal	Lease No. LC-032592-A
Location Unit Letter H ; 2470 Feet From The North Line and 430 Feet From The East Line of Section 3 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 1910, Midland, Texas 79701			
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. F&K	Unit 3	Sec. 25-S	Twp. 37-E	Is gas actually connected? When Yes May 24, 1970

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-23-69	Date Compl. Ready to Prod. 8-6-69		Total Depth 3515		P.B.T.D. 3480			
Elevations (DF, RKB, RT, GR, etc.) 3169	Name of Producing Formation Langlie Mattix Queen		Top Oil/Gas Pay 3255		Tubing Depth 3471			
Perforations 3255 - 3458 Total of 64 holes					Depth Casing Shoe -			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1052		540			
7-7/8"	5-1/2"		3515		700			

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 5-24-70	Date of Test May 25, 1970	Producing Method (Flow, pump, gas lift, etc.) 2" X 1-1/2 X 12	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size 2" Tub.
Actual Prod. During Test 1	Oil - Bbls. 1	Water - Bbls. 0	Gas - MCF 1

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.

McDaniel
(Signature)
Authorized Agent
(Title)
June 8, 1970
(Date)

OIL CONSERVATION COMMISSION
JUN 19 1970
APPROVED _____, 19_____
BY **Supervisor District**
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.

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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JUN 11 1970

CH. CONSERVATION CL. M.
BUREAU