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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	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		Humphrey Queen Unit	
2. Name of Operator		8. Farm or Lease Name	
Mobil Oil Corporation		9. Well No.	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 633, Midland, Texas 79701		Langlie-Mattix	
4. Location of Well		12. County	
UNIT LETTER <u>H</u> LOCATED <u>1570</u> FEET FROM THE <u>north</u> LINE		Lea	
AND <u>990</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>4</u> TWP. <u>25-S</u> RGE. <u>37-E</u> NMPM			
19. Proposed Depth		19A. Formation	
3680		Queen	
20. Rotary or C.T.		Rotary	
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond	
3158' G.L.		On File	
21B. Drilling Contractor		22. Approx. Date Work will start	
Unknown		As soon as possible	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	20#	1325	Circulate	Surface
7-7/8"	4-1/2"	9.5#	3680	Circulate	Tie in to
					12-1/4" csg.

Mud Program

0 - 1325' - Spud Mud
1325 - T.D. - Br. Wtr., Flosal & Oil as necessary

Logging Program

FDC - Surface to T.D.

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 C. R. Kreuz C. R. Kreuz Title Sr. Production Engineer Date November 21, 1969

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT DATE DEC 15 1969

CONDITIONS OF APPROVAL, IF ANY: