

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie Mattix Queen Unit	Well No. 37	Pool Name, Including Formation Langlie Mattix 7 Rivers Queen	Kind of Lease xxx, Federal xxx	Lease No. LC-056968
Location				
Unit Letter K	2000	Feet From The West	Line and 2000	Feet From The South
Line of Section 15	Township 25-S	Range 37-E	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.	Unit G	Sec. 15
	Twp. 25-S	Rge. 37-E
	Is gas actually connected? Yes	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-23-71	Date Compl. Ready to Prod. 7-22-71	Total Depth 3550	P.B.T.D. --					
Elevations (DF, RKB, RT, GR, etc.) 3094 GR	Name of Producing Formation Seven Rivers Queen	Top Oil/Gas Pay 3367	Tubing Depth 3427					
Perforations 3367-73, 3394-97, 3400-03, 3406-11, 3421-343--			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
11"	8 5/8	1021		500				
7 7/8	5 1/2	3550		675				
	2 3/8	3397						

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)

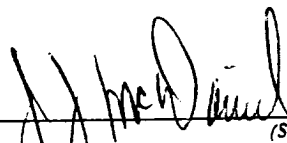
Date First New Oil Run To Tanks 6-13-71	Date of Test 7-28-71	Producing Method (Flow, pump, gas lift, etc.) Pump 2" X 1 1/2" X 12'	
Length of Test 24 Hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 6	Water-Bbls. 59	Gas-MCF 5.0

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

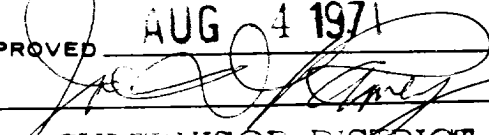
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)
Authorized Agent

(Title)
7-30-71

(Date)

OIL CONSERVATION COMMISSION
AUG 4 1971
APPROVED _____, 19____
BY 
TITLE **SUPERVISOR DISTRICT I**
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.

RECEIVED

AUG 15 1971

OIL CONSERVATION COMM.
WASH. D. C.