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<u>October</u>

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Mobil Producing Texas & New Mexico Inc. Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: To change Operator name from Mobil Oil Recompletion Dry Gas Corporation. Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980) If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. Langlie Mattix Queen Unit 9 Langlie Mattix 7 Rivers Queen State, Federal or Fee Location Р 330 South 330 East Unit Letter Feet From The Line and Feet From The 10 25-S 37-E Lea Township Range NMPM Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be tent) Shell Pipeline Corporation Box 2648 Houston, TX 77001 Name of Authorized Transporter of Casinghead Gas 🔯 or Dry Gas 🚞 Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso, TX 79978 ctually connected? When El Paso Natural Gas Company Rge. Twp. Unit Is gas actually connected If well produces oil or liquids, give location of tanks. 37-G If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bble. Gas - MCF Oil - Bbis. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE DEC 3 19/9 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. Orig. Signed by Jerry Sexton Dist 1. Supv 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. (Title)

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