	HO. OF COPIES RECEIVED					
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	SANTA FE					
	FILE					
	U.S.G.S.		_			
	LAND OFFICE					
ı.	TRANSPORTER	OIL				
		GAS				
	OPERATOR					
	PRORATION OF					
	Operator					
	Mobil Oil Corporation					
	Address					
	Nine Greenway Plaza, S					

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	SANTA FE		CONSERVATION COM JON	Form C-104				
	FILE	H KEMOESI	FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65				
	U.S.G.S.	1	AND					
	LAND OFFICE	_ AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS				
	TRANSPORTER OIL	₫						
	GAS		·					
	OPERATOR	_		•				
I.	PRORATION OFFICE Operator							
	Mobil Oil Corporation							
	Address							
	Nine Greenway Plaza, Suite 2700, Houston, Texas 77046							
	Reason(s) for filing (Check proper bo		Other (Please explain)					
	New Well	Change in Transporter of:						
	Recompletion	Oil 🚣 Dry G	cs Change transpo	orter of oil				
	Change in Ownership							
	Mahara Manaratia sina ara-							
	If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·						
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Leas	e No				
	Federal X		i i	_ccase no.				
	Location	3 Langlie Matti	x queen	of Fee Federal NM 1176				
	-	80 South	ne and 330 Feet From	Noat				
	Unit Letter L; 19	80 Feet From The South Li	ne and 330 Feet From	TheWest				
	Line of Section 15 To	wnship 25S Range	37E , NMPM, Le	ea County				
	Line of Section 19	winship 255 range	J/E , NMPM, Le	ea County				
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS					
	Name of Authorized Transporter of Oil A or Condensate Address (Give address to which approved copy of this form is to be sent)							
	Shell Pipeline Corpor	Shell Pipeline Corporation P. O. Box 2648, Houston, Texas 77001						
				Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas		P. O. Box 1492, E1 Pas	so, Texas 79978				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en				
	give location of tanks.	M 15 25S 37E	Yes	12-13-78				
	If this production is commingled w	th that from any other lease or pool,	give commingling order number:	,				
	COMPLETION DATA							
	Designate Type of Completi	On (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest				
			X	1 1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	10-21-78	11-1-78	3703	3651				
	Elevations (DF, RKB, RT, GR, etc.) GR 3099	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
		Queen	3334	3260 Depth Casing Shoe				
	Perforations 3334-3454			Depth Casing Shoe				
}								
}	TUBING, CASING, AND CEMENTING RECORD							
}	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 500				
}	12-1/4 7-7/8	8-5/8 5-1/2	1100	900				
ŀ	7-776	5=1/2	3703	700				
ŀ				<u> </u>				
11.7 L	TEST DATA AND REQUEST F	OP AT LOWARIE (Tast must be a	fter recovery of total volume of load oil	and must be equal to at exceed top allow				
	OIL WELL		epth or be for full 24 hours)	and made of equation of exceeding below				
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)				
1								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Ì								
ľ	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF				
		<u> </u>	1					
_	GAS WELL	1	I Date Continue and CO	To				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
L			Casing Pressure (Shut-in)	Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Sauc-In)	Choke Size				
L								
VI. (CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION				
			APPROVED	. 19				
Ĭ	hereby certify that the rules and the	egulations of the Oil Conservation with and that the information given	BY Orig. Signed by Jerry Sexton					
•	commission have been complied whose is true and complete to the	best of my knowledge and belief.						
_	-							
			TITLE Dist 1. Supu.					
	1 n Leave			compliance with RULE 1104.				
			If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation					
_	(Signa	iture)	well, this form must be accompa-	nied by a tabulation of the deviation dance with RULE 111.				
	Authori	zed Agent	tests taken on the well in accordance with RULE 111.					

(Title) 3-8-79

(Date)

All sections of this form must be filled out completely for allow able 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 multiple