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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-11
Effective 1-1-85

I.

Operator Mobil Producing TX & NM, Inc.	
Address 9 Greenway Plaza, Suite 2700, Houston, Texas 77046	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Humphrey Queen Unit	Well No. 30	Pool Name, Including Formation Langlie Mattix 7 Rivers Queen	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>E</u> ; <u>2388</u> Feet From The <u>North</u> Line and <u>1300</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>25-S</u> Range <u>32-S/E</u> , NMPM, <u>Lea</u> 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 Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 2648 Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit F&K	Sec. 3
	Twp. 25-S	Rge. 37-E
	Is gas actually connected? <u>Yes</u> When <u>1/26/83</u>	

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 11/16/82	Date Compl. Ready to Prod. 1/7/83		Total Depth 3850		P.B.T.D. 3801			
Elevations (DF, RKB, RT, GR, etc.) 3154 GR	Name of Producing Formation Langlie Mattix 7 Rivers Queen		Top Oil/Gas Pay 3506		Tubing Depth 3408			
Perforations 3506-3556					Depth Casing Shoe 3850			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	402	325
7-3/4	5-1/2	3850	950

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 1/26/83	Date of Test 1/31/83	Producing Method (Flow, pump, gas lift, etc.) Pump 2-1/2 x 1-1/2 x 16	
Length of Test 24 hrs	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test 24 Bbls Oil	Oil-Bbls. 24	Water-Bbls. 41	Gas-MCF 11

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.



Authorized Agent

(Title)

1/31/83

(Date)

OIL CONSERVATION COMMISSION

FEB 10 1983

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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