

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 17 1975

I. Operator
Mobil Oil Corporation ✓

Address
Box 633, Midland, Texas 79701

O. C. C.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brainard Gas Com.	Well No. 2	Pool Name, Including Formation Atoka Penn. Gas	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>B</u> ; <u>1180</u> Feet From The <u>North</u> Line and <u>1505</u> Feet From The <u>East</u>					
Line of Section <u>11</u> Township <u>18-S</u> Range <u>26-E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shut In	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Waiting on gas contract	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 7-19-75	Date Compl. Ready to Prod. 8-27-75	Total Depth 9000	P.B.T.D. 8959					
Elevations (DF, RKB, RT, GR, etc.) 3307 GR	Name of Producing Formation Penn Gas	Top Oil/Gas Pay 8853	Tubing Depth 8843					
Perforations 8853-8888	Depth Casing Shoe 8997							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	1200	1150x					
12-1/4	8-5/8	2000	800x					
7-7/8	4-1/2	8997	1805x					
		2 3/8"	8845					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 412	Length of Test 4	Bble. Condensate/MMCF 7.2	Gravity of Condensate 54.6
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (shut-in) 2092	Casing Pressure (shut-in) 1175	Choke Size varied

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]
(Signature)

Authorized Agent

(Title)

9-16-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY W.A. Gressett

TITLE SUPERVISOR, DISTRICT II

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