

DISTRIBUTION		
SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1/1
OPERATOR		1
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-111
 Effective 1-1-65

RECEIVED

FEB 25 1980

O. C. D.

ARTESIA, OFFICE

I. OPERATOR
 Mobil Producing TX. & N.M. Inc.
 Address: Nine Greenway Plaza, Suite 2700, Houston, TX 77046
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Oil Casinghead Gas Condensate
 Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Fed 12 Com	Well No. 1	Pool Name, including Formation Burton Flat (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. 0553283
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>21-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"/> The Permian Corporation Permian (EFF 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 1st International Bldg., Dallas, TX 75270 P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>12</u> Twp. <u>21-S</u> Rge. <u>26-E</u>	Is gas actually connected? <u>Yes</u> When? <u>8-18-76</u> <u>11-26-75</u>

If this production is commingled with that from any other leases or pool, give commingling order number _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Test Depth	P.S.T.D.					
Elevations (DF, RKE, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SPACKS CEMENT					

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

Post ID 380 PER
8-18-76
city

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Robert Jay
 (Signature)

Authorized Agent

(Title)

2/21/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 26 1980

BY *W. A. Gressett*
 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 completed wells.