40. 01 COPIES REC	EIVED	1		
DISTRIBUTION SANTA FE FILE U.S.G.S.			T	
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			$\prod$	
LAND OFFICE				
TRANSPORTER	OIL		$\mathbf{I}$	
	GAS			
OPERATOR			1_	
PRORATION OF	ICE		$\mathbf{I}_{-}$	
Operator				
Mobil Produc	ing T	Х.	&	N

	SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11: Effective 1-1-65				
	U.S.G.S.	441711001747101170 7041	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS				
	TRANSPORTER OIL							
	GAS							
	OPERATOR			•				
I.	PRORATION OFFICE	<u> </u>						
	Mobil Producing TX. & N.M. Inc.							
	Nine Greenway Plaza, Suite 2700, Houston, Texas 77046							
	Reason(s) for filing (Check proper box)		Other [Please explain]					
	New Well Change in Transporter of: To change oil/condensate gatherer							
	Recompletion Oil Dry Gas The Permian Corp., effective November of Stange in Ownership Casinghead Gas Condensate X 1984.							
İ								
	If change of ownership give name and address of previous owner		<u>,</u>					
۵.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		Lease No.				
	Thomas	1 Basin Dakota	kota State, Federal or Fee Fee					
•	Location  Unit Letter L: 1770 Feet From The South Line and 930 Feet From The West							
	Unit Letter;;							
	Line of Section 30 Tow	mahip 29-N Range ]	]-W, NMPM,	San Juan County				
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	s					
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which approv	1				
	The Permian Corporation Name of Authorized Transporter of Cas		P. O. Box 1183, Houston					
	El Paso Natural Gas Co	, Texas 79978						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe					
		L 30 29-N 111-W h that from any other lease or pool,	Yes give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.				
	Designate Type of Completio	n = (X)						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations	<u></u>		Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable death on the fee full 24 hours.)								
	OII. WELL    Producing Method (Flow, pump, gas lift, etc.)							
	Date Pilet New Chi Ad. 10 . LLD							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water-Bble. NOV 0.5 1334	Gas-MCF				
	OIL CON. E							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI.	VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION							
•				NJV <u>AJ 1984.                                    </u>				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED						
above is true and complete to the best of my knowledge and belief.			BY Sometiment					
			TITLE SUPERVISOR DISTRICT # (3)					
	1110	///	This form is to be filed in compliance with RULE 1904.  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					
	W.B.							
	Authoriz		tests taken on the well in accordance with RULE 111.					
	(Ti	ile)	able on new and recompleted wells.					
	10-26		I well name or number, or transport	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.				
	(De	Separate Forms C-104 mus	be filed for each pool in multiply					