

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

AND  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Effective 1-1-65

**I. OPERATOR**

Operator: Mobil Oil Corporation

Address: Box 633, Midland, TX 79701

Reason(s) for filing (Check proper box):  
 New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate

Other (Please explain): **CASINGHEAD GAS MUST NOT BE PLACED UNDER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.** *7/15/72*

If change of ownership give name and address of previous owner: \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>State A Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1527-2</u>
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>2380</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>17-S</u> Range <u>35-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"/> <u>Mobil Pipe Line Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 900, Dallas, TX 75221</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Pet. Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2105, Hobbs, NM 88200</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>7</u> Twp. <u>17-S</u> Rge. <u>35-E</u>	Is gas actually connected? <u>No</u> 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res <sup>iv</sup> . <input type="checkbox"/>	Diff. Res <sup>iv</sup> . <input type="checkbox"/>
Date Spudded <u>4-14-72</u>	Date Compl. Ready to Prod. <u>5-13-72</u>	Total Depth <u>8850</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>4011.7</u>	Name of Producing Formation <u>Vac. Abo North</u>	Top Oil/Gas Pay <u>8657</u>	Tubing Depth <u>8817</u>					
Perforations <u>8657, 62, 63, 95, 96, 97, 8704, 05, 06, 15, 17, 18, 40, 47, 48, 49, 50, 51, 52, 57, 58, &amp;</u>		8759 w/1sh/interval		Depth Casing Shoe <u>8850</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
<u>17 1/2"</u>	<u>12 3/4"</u>	<u>296</u>			<u>450 X</u>			
<u>11"</u>	<u>8 5/8"</u>	<u>3220</u>			<u>1400 X</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>8850</u>			<u>2300 X</u>			

**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 <u>5-15-72</u>	Date of Test <u>5-24-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>124</u>	Water - Bbls. <u>6</u>	Gas - MCF <u>121.5</u>

**GAS WELL**

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. 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.

Christine O. Tucker  
(Signature)  
Proration Clerk  
(Title)  
5-25-72  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED MAY 30 1972, 19\_\_\_\_

BY [Signature]

TITLE SUPERVISOR DISTRICT I

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.

**RECEIVED**

MAY 23 1972

OIL CONSERVATION COMM.  
HOBBS, N. M.