HC. OF COPIES PECEIVED					
DISTRIBUTION SANTA FE		ONSERVATION COMMINING FOR ALLOWABLE	Form C-104 Supersedes Old	C-104 and C.	
FILE		AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATUR	AL GAS		
LAND OFFICE					
TRANSPORTER GAS		•		,	
OPERATOR			•		
PRORATION OFFICE					
Operator Mahil Oil Connount	ion				
Mobil Oil Corporat	.1011				
Box 633, Midland, Reason(s) for tiling (Check proper		Other (Please explain	<u> </u>		
New Well	Change in Transporter of:		•		
Recompletion XX	Oil Dry Go	is			
Change in Ownership	Castnghead Gas Conder	nsate			
If change of ownership give name and address of previous owner _					
. DESCRIPTION OF WELL A	ND LEASE   Well No.   Pool Name, Including F	ormation   Kind of	Lease	Lease No.	
Lease Name	3 Drinkard	<b>.</b>	Federal or Fee Fee		
S. E. Long			1 50	·	
Unit Letter 0 ;	660 Feet From The South Lin	e and 1980 Feet	From The East		
Line of Section	Township 22-S Range	37-Е , ммем,	Lea	County	
L DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	ıs			
Nome of Authorized Transporter of	f Oil Condensate XX	Address (Give address to which		be senty	
Texas-New Mexico Pipeline Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 1510, Midland, Texas 79701  Address (Give address to which approved copy of this form is to be sent)			
		1			
Northern Natural G	Gas Company Unit   Sec.   Twp.   Rge.	Box 2300, Midland, Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	0 11 22-S 37-E	No	Waiting on gas	connecti	
If this production is commingled	d with that from any other lease or pool,	give commingling order numbe		<u> </u>	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res	'v. Diff. Res'	
Designate Type of Compl			(X	<u>XX</u>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
7-17-74	10-2-74	7330 Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, et		6231	4764		
3355	Drinkard	0231	Depth Casing Shoe		
Perforations	68, 77, 85, 630]. 11, 25,	37. 6351	7329		
0201, 11, 01, 00,	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT 250 SX	
17-1/2	13-3/8	310	· · · · · · · · · · · · · · · · · · ·	1000 sx	
12-1/4	9-5/8	2803 5150	500 s		
8-3/4	/	7329	225_s		
V. TEST DATA AND REQUES	T FOR ALLOWARIE (Test must be	after recovery of total volume of lo			
OIL WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump,			
Date First New Oil Run To Tanks	1	1	Eas whi over		
10-3-74	Tubing Pressure	Flowing Casing Pressure	Choke Size		
Length of Tunt	1020	Packer	24/64"		
24 Actual Proa. During Test	C11-B51.	Water-Bbis.	Gas • MCF		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	92 BLW	2300		
CACHELL					
Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chcke Size		
result warned thurst once but		<u> </u>			
I. CERTIFICATE OF COMPLIANCE		OIL CONS	ERVATION COMMISSION	N	
		APPROVED		19	
<b>a</b>	and regulations of the Oil Conservation ied with and that the information given				
above is true and complete to	o the best of my knowledge and belief.	BY		i u	

Author Zed Agent

10-15-74

(Title)

(Date)

This form is to be filed in compliance with MULE 1:04.

If this is a request for allowable for a newly drilled or despended 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