

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PROBATION OFFICE	

Operator: Mobile Oil Corporation  
 Address: Box 633 Midland Texas 79701  
 Reasons for filing (check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership  Other (please explain): Request test allowable 300 MCF Gas, 500 Bbls Condensate  
 If change of ownership give name and address of previous owner: \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Carson Watson Comp</u>	Well No.: <u>13</u>	Well Name, including designation: <u>Test Well</u>	Kind of Lease: <u>Fee</u>	Lease No.: _____
Location: Unit Letter <u>C</u> ; <u>1909</u> Feet From The <u>East</u> Line and <u>2051</u> Feet From The <u>North</u> Line of Section <u>33</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> : <u>Lea New Mexico Production Co.</u>	Address (Give address to which approved copy of this form is to be sent): <u>Box 1570 Midland Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> : <u>Shelley Oil Company</u>	Address (Give address to which approved copy of this form is to be sent): <u>Box 730 Hobbs N.M. 88240</u>
If well produces oil or liquids, give location of tanks: Unit <u>D</u> Sec. <u>33</u> Twp. <u>21-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u> Date: <u>12-3-72</u>

If this production is commingled with that from any other lease or pool, give commingling order number: R-2079

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Waterover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, 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			SACKS CEMENT		

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 C. Tucker  
 (Signature)  
Production Clerk  
 (Title)  
1-22-73  
 (Date)

APPROVED: JAN 24 1973, 19\_\_\_\_  
 BY: Joe D. Ramsey  
 Dist. 1, Supv.  
 TITLE: \_\_\_\_\_

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 the well name or number, or transporter, or other such change of completion.  
 Separate Forms C-104 must be filed for each pool in multi-completed wells.