

FILE	
UNIT	
LAND OFFICE	
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	

REGULATIONS FOR THE OIL AND NATURAL GAS
AND
ADMINISTRATIVE INFORMATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

Operator Mobil Oil Corporation	
Address P. O. Box 633, Midland, Texas 79701	
Reasons for filing (Check proper box)	
New Well ☐	Change in Transporter of ☐
Recompletion ☐	Oil ☐
Change in Ownership ☐	Crude and Gas ☒
	Dry Gas ☐
	Condensate ☐
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE			
Lease Name Santa Fe Pacific	Well No. Pool Name, including Formation 9 Crossroads Devonian	Kind of Lease State, Federal or Fee	Fee
Location			
Unit Letter E	1650 Feet from The North Line and	330 Feet from The West	
Line of Section 35	Township 9-S	Range 36-E	NMPM, Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) Mobil Pipe Line Company P. O. Box 900, Dallas, Texas 75221		
Name of Authorized Transporter of Crude and Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Company P. O. Box 1589, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 23	Range 9-S
			36-E
			Yes
			March 20, 1973

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

III. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Reservoir
			Diff. Reservoir
Date Spudded	Date Completed & Ready to Prod.	Total Depth	P.B.T.D.
Elevation (D.F., R.A.B., R.T., G.R., 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

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost 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

V. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19	
BY _____		BY _____	
TITLE _____		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 recompleting of an old well name or number, or transporter, or other such change of ownership.	
Separate Form C-104 must be filed for each well in multiple completion wells.			
Authorized Agent (Signature) March 15, 1973 (Date)			