DISTRIBUTI	1		
SANTA FE			
FILE	1		
บ.ร.ธ.ร.	1		
LAND OFFICE		_	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF	ICE		

## REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-116

	U.S.G.S.			AND  Elfective 1-1-65  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTER	OIL GAS									
	OPERATOR										
1.	PRORATION OFF	ICE									
	Southern U	Inion E	on Exploration Company								
	Suite 1800	First	Inte	International Bldg., Dallas, Texas 75270							
	Reason(s) for filing (	Check proj	per box)	Change in Transporter of:		Other (Please explain)		· · · · · · · · · · · · · · · · · · ·			
	Recompletion			Oil Dry	Gas 🔲	Test-ellowabi	le for 20-bbls/day				
•	Change in Ownership			Casinghedd Gus Condensate Condensate							
	If change of ownership give name and address of previous owner THIS WELL ISSET THE PROPERTY THE PROPERTY.										
**	DESIGNATED RECOVER FOR NOT CONCUR										
11.	II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease										
	Susco State	<u>e</u>		- Julyang.	San And	ires State, Fo	ederal or Fee State	Lease No.			
	Unit Letter G : 2120 Feet From The North Line and 1840 Feet From The East										
	Line of Section	19	Town	ship 9S Range	33E	, NMPM,		County			
III.	DESIGNATION OF	TRANS	PORT	ER OF OIL AND NATURAL G							
	Name of Authorized 7		•	A or Condensate			pproved copy of this form is to				
	Mobil Oil Corporation Name of Authorized Transporter of Casinghead Gar				Address (G)	ive address to which a	as, Texas 75221  pproved copy of this form is to	be sent)			
	Warren Petr				P. 0.	Box 1589, Tul	sa, Oklahoma 74102	· >			
	If well produces oil c give location of tanks		, ' ! 	Unit Sec. Twp. Age. I 19 9S 33	i		, when 11-24-79				
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA										
	Designate Type	of Com	pletion	- (X) Oil Well Gas Well	New Well	Workover Deepen	Plug Back   Same Res"	v. Diff. Restv.			
	Date Spudded 9-23-7	' <b>9</b>	I	Date Compl. Ready to Frod. 10-31-79	Total Depth		P.B.T.D.				
	Elevations (DF, RKB,	RT, GR,	etc.j l	Name of Producing Formation	Top Oil/Gar	4500'	Tubing Depth				
	4375 G	iL		San Andres		4340'	4480'				
		4340'-4346', 4350'-4356', 4362'-4370'			4372'-438	4372'-4380' Depth Casing Shoe 4500'					
				TUBING, CASING, AN			4300				
	HOLES 12 1/4			CASING & TUBING SIZE 9	• •	DEPTH SET	SACKS CEME	NT			
	7 7/8			4 1/2		506' 4500'	275 800				
		<del></del>			ļ						
v.	TEST DATA AND	REQUES	T FOR	ALLOWABLE (Test must be	after recovery o	of total volume of load	oil and must be equal to or ex-				
ī	OIL WELL Date First New Oil Ru	n To Tank	5 [E	able for this d	epin or be jor j	ull 24 hours) ethod (Flow, pump, ga		teed top attour			
ĺ	11-8-79		11-15-79	1	Pump Pump	s tiji, etc.j	,,, e.c.,				
	Length of Test		T	ubing Pressure	Casing Pres	8W0	Choke Size				
-	24 hrs Actual Prod. During To			20# Dil-Bbls.	Water-Bbis.	<u>25#</u>	Gas-MCF				
Ĺ	76 Bb1:	s		16	Ε	51	15.5				
	GAS WELL				•						
	Actual Prod. Test-MC	F/D	L	ength of Test	Bbls. Conde	nagre/MMCF	Gravity of Condensate				
	Testing Method (pitot,	back pr.)	T	ubing Pressure (Shut-in)	Cosing Press	swe (Shut-in)	Choke Size				
VI.	CERTIFICATE OF	COMPL	IANCE				VATION 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.			plations of the Oil Conservation	APPROVED DEC 3 1979 . 19							
			BY John Senton								
				TITLE CUIDERINGOR DICTRICTO							
		.08		C	This form is to be filed in compliance with RULE 1104.						
If this is a request for allowable					lowable for a newly drilled	le for a newly drilled or deepened					
	Drilling & Production Engineer			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.							
-	11/20	120	(Title)			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 well name or number, or transporter, or other such						orten or other such change	of condition.				
	· .					Senerate Forms C-104 must be filed for each nool in multiply					