

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Mobil Oil Corporation
 Address
Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "J"	Well No. 7	Pool Name, Including Formation Vacuum Abo, North <i>R-41501</i>	Kind of Lease State, Federal or Fee State	Lease No. 81519
Location Unit Letter J ; 1980 Feet From The South Line and 1780 Feet From The East				
Line of Section 22 Township 17-S Range 34-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. Unit B Sec. 26 Twp. 17-S Rge. 34-E	Is gas actually connected? Yes When 6-21-71

If this production is commingled with that from any other lease or pool, give commingling order number: **PLC-37**

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-25-71	Date Compl. Ready to Prod. 6-24		Total Depth 8800		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 4050.2	Name of Producing Formation Vacuum Abo, North		Top Oil/Gas Pay 8654		Tubing Depth 8759			
Perforations 8654, 58, 61, 69, 70, 87, 92, 97, 98, 8709, 13, 15 * 8718						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1675		900x			
7-7/8"	5-1/2"		8800		3100x			

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 6-21-71	Date of Test 6-29-71	Producing Method (Flow, pump, gas lift, etc.) 2" x 1-1/4" x 10' Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2" tub.
Actual Prod. During Test 48	Oil - Bbls. 48	Water - Bbls. 3 A.W.	Gas - MCF 28.0

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.

J. J. McDaniel

 Authorized Agent

 6-30-71

 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 6 1971, 19____

BY [Signature]
 SUPERVISOR DISTRICT I

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 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.

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

JUL 21 1971

OIL CONSERVATION COMM.
HOBBS, N. M.