

STATE OF TEXAS
OIL & GAS
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OIL 1104 and 1105
Effective 1-1-65

Operator Mobil Oil Corporation
Address Box 633, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name Brownson a/c Well No. 17 Pool Name, including Formation Driskard Kind of Lease See Lease No.
Location D : 589' Feet From The North Line and 731 Feet From The West
Line of Section 10 Township 22 S Range 37 E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Leifas New Mexico Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Northern Natural Gas Co. Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit D Sec. 10 Twp. 22 Rge. 34 Is gas actually connected? Yes When 10-19-73
If this production is commingled with that from any other lease or pool, give commingling order number: R-1616

COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, 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 O. Tucker
(Signature)
Production Clerk
(Title)
10-18-73
(Date)

OIL CONSERVATION COMMISSION
APPROVED 10-22-1973, 19____
BY Joe D. Ramey
TITLE Dir. I, Sept.
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 deviator 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 1104 must be filed for each pool in multiple completion wells.