NO. OF COPIES RECI	1	į	
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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
111111111111111111111111111111111111111	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS

	LAND OFFICE			AUTHORIZ	LATION TO TR	ANSPURI	OIL AND N		· · · -			
Ì	TRANSPORTER	OIL							Mary Care to 2	,		
		GAS		-				1 1	ere y			
	PROPATION OF											
1.	Operator	PRORATION OFFICE Personnel										
		lucing	Texas	& New Mexic	o Inc.			<u> </u>	in A. C.	<i>t- </i> 2		
	Address 9 Greenway	7 Plan	 	to 2700 U	ictor my	77046				-		
}	Reason(s) for filing			te 2700, Hou	iston, fX	7.046	Other (Please	explain!	·			
İ	New Well		,/	Change in Tra	nsporter of:		-	• •	tor name	from M	obil (oi 1
	Recompletion			Oil	Dry G	=	Corpora	tion.				
l	Change in Ownership			Casinghead Go	Conde	ensate	(E	Effective	Date: 1	-1-198	0)	
	If change of owners											
	and address of prev	vious ow	ner					· · · · · · · · · · · · · · · · · · ·				
11.	DESCRIPTION O	F WEL	L AND I									
Ī	West Henshar	Total II made	- Tana	Well No. Poo.	l Name, Including Snshaw Grayb	Formation	_	Kind of Lease State, Federa		do 1	Lease	
	Location	WAUUTI	Lirac	r ⊃l ⊃ VHe	ushaw Grayb	urg w	<u>. </u>	Sidia, Federa	ortes F.G	deral	LC-069	465
	Unit Letter	U	. 990	Feet From Th	South ,	ine and	330	_ Feet From 1	he We	st		
	Our Fattet				L)			eer . 10m]	ne			
l	Line of Section	3	Tow	mahip 16-S	Range	30-E	, NMPM,		Ed	dy	Cou	inty
TT	DESIGNATION O	E TDA	דפתפצ	TER OF OUT AND	NATIBAL C	AS						
	Name of Authorized						Give address to	o which approv	ed copy of this	form is to	be sent)	
1	N/A Water	Inject	ion					·				
	Name of Authorized	Transpor	ter of Cas	inghead Gas 🗀 🔻	or Dry Gas	Address (Give address to	o which approv	ed copy of this	form is to	be sent)	
-				Unit Sec.	Twp. P.ge.	Is aga ac	tually connecte	d? Whe	n	······································		
	If well produces oil give location of tank		١,	!	1	94.5 40		1				
1	If this production is		ngled with	h that from any oth	her lease or pool.	, give comm	ningling order	number:			h.	
	COMPLETION D								I ple- pro	c 5	. I Book	
	Designate Typ	pe of Co	mpletio	n - (X) Oil We	ell Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest	v. Diff. F	testv.
}	Date Spudded		•	Date Compl. Ready	to Prod.	Total Des) oth	·i	P.B.T.D.	 :	<u> </u>	
	-											
	Elevations (DF, RKE	B, RT, GF	R, etc.j	Name of Producing	Formation	Top O:1/0	Gas Pay		Tubing Depth			
}	Perforations			L		<u> </u>			Depth Casing	Shoe		
												i
				TUBII	NG, CASING, AN	D CEMENT	ING RECOR					
	HOLE	SIZE		CASING & T	UBING SIZE		DEPTH SE	Т	SAC	KS CEME	NT	
-						-			 	·· ,.·		
}												
									i			
	TEST DATA ANI	D REQU	EST FO	R ALLOWABLE	(Test must be				and must be equ	al to or ex	ceed top	allow-
ī	OIL WELL Date First New Oil I	Run To T	ank s	Date of Test	anie for this d		r full 24 hours, Method (Flow,		i, etc.)	ک علت		
	Zaid i Mai Haw ON !	10 1					,			10 D 3		
	Length of Test			Tubing Pressure		Casing P	ressure		Choke Size	1.2500 Daget	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A.
-		T		OIL Bhis		Water - Bb	10.	· · · · · · · · · · · · · · · · · · ·	Ggs-MCF	13 g.ct	·	
	Actual Prod. During	Leet		Oil-Bble.		"diet. B			GGE-MOF			
I <u>.</u>					<u>, m</u>			· · · · · ·	1			
_	GAS WELL					 			T			
ſ	Actual Prod. Test-N	MCF/D		Length of Test	<u>-</u> -	Bbis. Cor	densate/MMCF		Gravity of Co	ndensate		
-	Testing Method (pite	ot. back n	or.)	Tubing Pressure (8	Thut-in)	Casina Pi	esswe (Shut-	in)	Choke Size			
	- coming manner (but	, p						<u>-</u>				
۱. (CERTIFICATE O	F COM	PLIANC	E					TION COM	MISSION		
						1	AN 24 19	ibù		•		
I hereby certify that the rules and regulations of the Oil Conservation				y								
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			- Wa Dressett									
· T1			TITLE	TITLE SUPERVISOR, DISTRICT II								
				This form is to be filed in compliance with RULE 1104.								
	Becky newigh			7.0	in a secu	est for allow	able for a nev	ulv drilled	d or deer	pened		
-	Gignature)			11	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.							
_	Authorized Agent (Title)				A1	All sections of this form must be filled out completely for allowable on new and recompleted wells.						
		0 •	•	•		able or	new and rec	completed we	lis. . III. and VI	for chans	res of o	wner,
-		uctob	oer 31 Dat	. 1979		well na	ime of unmper	or transport	er, or other su	ch change	of cond	ition.

Fit1 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 Form 9-331 (May 1963)

ITED STATES SUBMIT IN THE ICATES DEPARTMENT OF THE INTERIOR (Other instructions of reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

	GEOLOGICAL SURVEY	144111	LG-009405		
SUNDRY NO	TICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
(Do not use this form for prope Use "APPLIC	osals to drill or to deepen or plug CATION FOR PERMIT—" for such p	back to a different reservoir.			
1.			7. UNIT AGREEMENT NAME		
WELL GAS OTHER	Water Injection		7		
2. NAME OF OPERATOR	7		(8. FARM OR LEASE NAMPLEMIER		
Mobil Oil Corporation	V	,	West Henshaw Unit		
3. ADDRESS OF OPERATOR			9. WELL NO.		
P. O. Box 633, Midland,	, Texas		3		
4. LOCATION OF WELL (Report location See also space 17 below.) At surface	clearly and in accordance with any	State requirements.	10. FIELD AND POOL, OR WILDCAT		
Unit letter U, 990' f	Two the Court 14	1 2201 6	Henshaw Grayburg West 11. SEC., T., R., M., OR BLK. AND		
West line of Section			SURVEY OR ARKA		
west time of section	5, 1 10 b, K. 50 . L.	ady Country, N.M.	3-16S-30E		
14. PERMIT NO.	15. ELEVATIONS (Show whether D	F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		
	38 56 DF		Eddy New Mexico		
16. Check A	annopriate Box To Indicate 1	Nature of Notice, Report, or C	Other Data		
NOTICE OF INTE			DENT REPORT OF:		
NOTICE OF INTE	MITON 10.	ausonge	-1 ·		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL		
SHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON*	SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT*		
REPAIR WELL	CHANGE PLANS		Water Injection X		
(Other)		(Note: Report results Completion or Recompl	s of multiple completion on Well bletion Report and Log form.)		
17. DESCRIBE PROPOSED OR COMPLETED OF	PERATIONS (Clearly state all pertiner	ot details, and give pertinent dates,	including estimated date of starting any il depths for all markers and zones perti-		
nent to this work.) *	tonany armou, give substitute too		·		
OBJECTIVE: Convert to	UTU				
	zone (2848-2899).				
		oused rods & pump, str	capped tbg. out of		
		rom 2865 to 70, 5 in			
12/7/66 CO w/ SP 2870-	2899/7 hrs, ran 6½ b	it & csg scraper on 2-	-3/8 tbg to 2899,		
		el DA&S unit @ 6: 00 p.			
12/18/66 MIRU DA&S SD U					
		t pkr @2793 w/ 14,000#	f tension, inst		
FINAL REPORT	unit @ 2:30 p.m. Con	aprece as wiw	_		
TIME REPORT			LQ		
	and and	~ ``	VED A 1961 SURVEY DUCGULAR MEXICO		
	RECE	IVED C	OF TRADE		
		AE'S	V 12 " 20,100		
	JAMA	K	CICHE MEAN		
	생해 (건 년)	JK. CEC	J.O. WELL		
	f 1 1 2.	5.45	SIA		
	ARADIA E	ALLO HOS			
	- /)	·			
	//				
18. I hereby certify that the foregoing	s true and correct				
SIGNED // CCC/	Cuy MUTITLE	Authorized Agent			
	ce use)				
(This space for redefit of State Of					
APPROVED BY APPROVAL, AF	ANY:		DATE		
TO THE STATE OF TH	A				
IN MARKET	\				
H. L. STRICT ENCINEER	*See Instruction	s on Reverse Side	•		
A. L. BERIOT EN			•		