		·~					
•	NO. OF COPIES RECEIVED 5						
	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104		
	SANTA FE				Supersedes Old	Supersedes Old C-104 and C-116 Effective 1-1-65	
	FILE /-	AND					
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	RECEIVED					
	TRANSPORTER OIL /		· • • • • • • • • • • • • • • • • • • •		K L C E I	VED	
	GAS /						
	OPERATOR /				JUN 2 2 1	966	
ı.	PRORATION OFFICE	]			2014 2. 2. 3	.500	
	Operator				D. C. C	7	
	Mobil Oil Corporation	- Formerly Socony Mobil	Oil Company, 1	ne.	ARTERIA, DE		
	Address						
	P. O. Box 633, Midland, Texas 79701						
	Reason(s) for filing (Check proper box)		Other (Please				
	New Well	Change in Transporter of: Change Name & Wel			11 No. due to		
	Recompletion	Oil Dry Gas Unitization					
	Change in Ownership X	Casinghead Gas Condensate Old Name: Stablein Federal #4					
	f change of ownership give name   General American Oil Co. of Texas, Meadows Bldg., Dallas, Texas						
	and address of previous owner	and Hondo Oil & Gas Cor		OHO DAYE	, Dullug I CAM	<b></b>	
11	DESCRIPTION OF WELL AND						
	Well No. Pool Name, Including Formation Kind of Lea		Kind of Lease		Lease No.		
	West Henshaw Unit Tract	(A) A and ida / Parka Fadore		State, Federal	or Fee Federal	LC- 069465	
	Location	J 4   Helislaw Gray	nurg west	L			
	Unit Letter S; 1980 Feet From The S Line and 1650 Feet From The						
	Unit Letter S ; 198	Feet From TheLir	ne and	restrom t	ne co		
	Line of Section 3 Tow	Line of Section 3 Township 16 S Range 30 E , NMPM, Eddy County					
	Line of Section 3 Tow	Transp 20 D Transp	JO 13 /3	· Eddy			
**	DECICNATION OF TRANSPORT	PED OF OH AND NATURAL CA	16				
11.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address	to which approv	ed copy of this form is t	o be sent)	
			,				
	Continental Pipe Line Name of Authorized Transporter of Cas	singhead Gas K or Dry Gas	Address (Give address	to which approv	Mexico ed copy of this form is t	o be sent)	
		<del></del>					
	Phillip Petroleum Com	Unit Sec. Twp. Rge.	Box 6666, Ode	essa, lexa ed? Whe	S		
	If well produces oil or liquids, give location of tanks.	1 ' ' '	2				
	<u></u>	1 2 1 2 1 2 2 2	Yes		1-22-60		
	f this production is commingled with that from any other lease or pool, give commingling order number:						
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.	
	Designate Type of Completion	on = (X)	1 1	1	<u> </u>	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Date Spudded	Bate compiler today to rise.					
	Flanchia (DE DED DE CD	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ony Out 1 47				
		1			Depth Casing Shoe		
	Perforations			Depth Casing blica			
	TUBING, CASING, AND CEMENTING RECORD						
					CACKECE	45NT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	E1	SACKS CEN	MENI	
		<u> </u>			<u> </u>		
v.	TEST DATA AND REQUEST FOR ALLOWABLE (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)						
	OIL WELL	able for this a	Producing Method (Flo		t. etc.)		
	Date First New Oil Run To Tanks	Date of Test	Linguisting Matting (1, to	~, pap; &wa 10]	.,,		
		Tubbe Peace	Casing Pressure		Choke Size		
	Length of Test	Tubing Pressure	Cratild Liasama				
		OIL Phin	Water - Bbls.		Gas-MCF	<u></u>	
	Actual Prod. During Test	Oil-Bbls.	Marat - Date.				
	GAS WELL	Transaction of The Park	Phile Condensate Any	·	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	<b>.</b> £	Gravity of Condensate	•	
		The boundary of the second sec	Casing Pressure (Shu	-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Canind Liangera Come				
						NI	
WI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				

## 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.

(Signature)

(Date)

Authorized Agent

June 1, 1966

(Title)

This form is to be filed in compliance with RULE 1104.

JUN 23, 1966

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TITLE .

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.