HO. OF COPIES RECEIVED	, –	-			-4-				
DISTRIBUTION	⊣								
SANTA FE	 							rm C-104	
FILE	/		REQUEST	FOR ALL	DWABLE		Su _i	persedes Old lective 1-1-65	C-104 and C-11
U.S.G.S.	┤		== ==	AND					
LAND OFFICE	AU	THORIZATION	ON TO TR	ANSPORT	DIL AND N	ATURAL	BAS	V. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TRANSPORTER OIL						ls.	ten e		
GAS						[å	Og (
PRORATION OFFICE								•	
Operator Operator									
Mobil Producing Tex	as & New	Mexico I	nc.			<i>5.</i> , "	ration of	is eg	
9 Greenway Plaza, S	Suite 270	0. Housto	n. TX 7	7046					
Reason(s) for filing (Check proper			 _	·	ther (Please	explain)			
New Well		ige in Transport	er of:				tor name	e from Mo	obil Oil
Recompletion	Oil		Dry G	as 🗀	Corpora		tor name	= IIOm Ph	ODIT OIL
Change in Ownership	Casi	nghead Gas	Conde	nsate	-		Date:	1-1-1980	o)
			<u> </u>			110001	. Date.	1-1-1900	0)
If change of ownership give namend address of previous owner				 					
DESCRIPTION OF WELL AN	D LEASE								
West Henshaw Unit Tr		No. Pool Name			1	Kind of Leas		Fodoral	Legse No. LC-069465
	400	hiensna	iw Glayb	urg weec		State, Federa	norree r	ederar	LC-069463
Location S 1	980 _		South	1	650		τ.:	Joan	
Unit Letter;;	Feet	t From The	Lii	ne and	330	_ Feet From	The	Vest	
Line of Section 3	Township 16	6-S	Range	30-E	, NMPM,		Е	Eddy	County
. DESIGNATION OF TRANSPO	DTED OF	OIT AND NA	TUDAL CA	16					
Name of Authorized Transporter of		or Condensate			ive address to	which appro	ved copy of th	his form is to	be sent)
N/A Water Injection				1					
Name of Authorized Transporter of	Casinghead Go	or Dry	Gas 🗀	Address (G	ive address to	which appro	ved copy of th	his form is to	be sent)
If well produces oil or liquids,	Unit	Sec. Twp.	P.ge.	Is gas actu	ally connected	i? Wh	en		
give location of tanks.	l	ļ ! L	1						
If this production is commingled	with that fro	m any other le	ase or pool.	give commi	ngling order	number:	· · · ·		4.
COMPLETION DATA									
	tion (Y)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resty	Diff. Restv.
Designate Type of Comple	ition — (A)	1	J	1	i 1	<u> </u>	1	i 1	t
Date Spudded	Date Com	ipl. Ready to Pr	od.	Total Depti)		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc	.; Name of I	Producing Form	tion	Top Oil/Go	s Pay		Tubing Der	oth	
Perforations							Depth Casi	ng Shoe	
		TUBING, C	ASING, AN	D CEMENTI	NG RECORD)			
HOLE SIZE	CAS	SING & TUBIN	G SIZE		DEPTH SE	Т	S	ACKS CEME	NT
							1		
TEST DATA AND REQUEST	FOR ALLO	WABLE (T		epth or be for	full 24 hours)			equal to or ex	ceed top allow-
Date First New Oil Run To Tanks	Date of T	'est		Producing I	Method (Flow,	pump, gas li	ft, etc.)	P C	ران دران
								± <i>b</i>	ري.
Length of Test	Tubing P	lessm.e		Casing Pre	seure .		Choke Size	1 / 5	2-50 NOW

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	2 b 3	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	cha opinan
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF	

GAS WELL Bbis. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

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.

Becky neujatr
(Signature)
Authorized Agent
(Title)
0 . 1 . 01 . 1070

(Date)

OIL CONSERVATION COMMISSION JAN 24 1980

APPROVED

SUPERVISOR, DASTRICT M 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