| DISTRIBUTION (2) SANTA FE / | | | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| FILE . | AUTHORIZATION TO TRA | | |
| TRANSPORTER OIL / | | ₽% 3. | E I V E D |
| GAS 7 OFERATOR / PRORATION OFFICE | | A | UG 1 8 1969 |
| Operator Mobil Oil Corpora Address | tion V | A 5 | T. C. C. Mesia, Office |
| Box 633, Midland, | | | |
| Reason(s) for filing (Check proper b New Well | ox) Change In Transporter of: | Other (Please explain) | |
| Recompletion Change in Ownership | Oil Dry G Casinghead Gas X Conde | | |
| If change of ownership give name and address of previous owner | 3 | | · |
| L DESCRIPTION OF WELL AN | | | |
| Lease Name West Henshaw Premier Unit Tract | Well No.Pool Name, Including F31HenshawGraybi | Data Data | e Leaso No. Il or Fee Federal LC-062497 |
| Location Unit Letter P : 33 | | | |
| 3 | | BOE , NMPM, Eddy | |
| | RTER OF OIL AND NATURAL GA | | |
| Name of Authorized Transporter of | ON 🕅 or Condensate 🗌 pany, Pipe Line Division | Address (Give address to which appro | |
| Name of Authorized Transporter of Phillips Petroleum Continental_Oil_Com | Casinghead Gas X or Dry Gas T CO•71% DADY_29% | Address (Give address to which appro Box 6666, Odessa, Te Drawer 1267, Ponca C | ved copy of this form is to be sent) XAS |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? Wr Yes | 1-60 |
| If this production is commingled COMPLETION DATA | with that from any other lease or pool, | give commingling order number: | |
| Designate Type of Comple | tion - (X) | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc. | j Name of Producing Formation | Top Oll/Gas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe |
| | TUBING, CASING, AN | D CEMENTING RECORD | |
| HOLESIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| · | | | |
| | | | |
| • TEST DATA AND REQUEST OIL WELL | able for this de | epth or be for full 24 hours) | and must be equal to or exceed top allow- |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas l | jt, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oll-Bbls. | Water-Bbls. | Gas-MCF |
| 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) | Chokə Size |
| CERTIFICATE OF COMPLIA | NCE | OIL CONSERVA | ATION COMMISSION |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | AUG 1 8 1969 | |
| above is true and complete to t | he best of my knowledge and belief. | BY _ | INSPECTOR |
| Into a sec | | | compliance with RULE 1104, |
| (IIII) (Signature) | | If this is a request for allowable for a newly drilled or decreased well, this form must be accompanied by a tabulation of the deviation | |
| Authorized Agent | | tests taken on the well in accordence with RULE 111. All sections of this form must be filled out completely for allow- | |
| (Tiule) August 15, 1969 | | able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, | |
| (| Date) | !! | ter, or other such change of condition. t be filed for each pool in multiply |