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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	LAND OFFICE	AUTHORIZATION TO TRAI	O	RECEIVED
	OPERATOR GAS		r	JUN 2 2 1966
I.	PRORATION OFFICE Operator			
	Mobil Oil Corporation - Formerly Socony Mobil Oil Company, Incorporated ARTESIA. OFFICE Address			
	P. O. Box 633, Midland, Texas 79701			
	Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Name Change and Well No. due to			
	New Well Recompletion	Unitization 2t		
	Change in Ownership X	Casinghead Gas Condens	sate Old Name: Littl	e Lucky Lake/Shell #1
	If change of ownership give name	Texaco, Inc., Drawer	728, Hobbs, New Mexico	
и	DESCRIPTION OF WELL AND LEASE			
	Mobilandil Corporation	Well No. Pool Name, Including Fo	1	7 140
	West Henshaw Unit Tract	2 1 Henshaw Gray	burg West State, Feder	ol or Fee Fee MM-060 398-B
	Unit Letter 49; 4620 Feet From The South Line and 660 Feet From The East			
	Line of Section 3 Tow	vnship 16 S Range	30 E , NMPM,	Eddy County
	Zine or occur.			
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🕱 or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Day (10 Askarda New Marrisa			
	Continental Pipe Line Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address Give ac		Address Give address to which appro	oved copy of this form is to be sent)
	Number of Marior and President of Santagara		Box 1650, Tulsa, Oklahoma	
	Skelly Oil Company Unit Sec. Twp. Rge.		Is gas actually connected? When	
	If well produces oil or liquids, give location of tanks.	12 3 16-S 30-E	Yes	May 2, 1960
	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	. =	New Well Workover Deepen	Flug Back Same New 1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
			CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			·	
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	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	Date First New Oil Run To Tanks	Date of feet		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			,	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	BDIS. Condensate/MMCr	diamy of condensation
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
B/T	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
A1	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.		IIIN 2.7.10CC	
			APPROVED, 19, 19	
			By Mt armstrong	
			POS AMB BAS IMPOCATO	
	_ // ·			
	$\Delta \cap \Gamma$		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	
	11. Ciller ne			
			tests taken on the well in acc	Ordance with MULE !!!!
Authorized Agent			All sections of this form must be filled out completely for allow-	

(Title)

(Date)

June 1, 1966

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.