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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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MAY 27 1967

I. OPERATOR		ARTESIA OFFICE	
Mobil Oil Corporation			
Address P.O. Box 633, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change Name & Well No. Due to	
Re-completion	<input type="checkbox"/>	Unitization	
Change in Ownership	<input checked="" type="checkbox"/>	Old name: Hinkle Federal	
Change in Transporter of:		* from Shelby Oil Co.	
Oil		<input type="checkbox"/>	Dry Gas
Casinghead Gas		<input checked="" type="checkbox"/>	Condensate
If change of ownership give name and address of previous owner Perry R. Richardson and Bass,			

II. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
West Henshaw Premier Unit Track 7C	1	Henshaw Grayburg West	Lease, Federal or Lease
Location			
Unit Letter	H	2334 Feet From The North Line and 330 Feet From The East	
Line of Section	3	Township 16S Range 30E, NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Continental Pipe Line Company				Box 410, Artesia, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Phillip Petroleum Company				Box 6666, Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	T	3	16S	30E	Yes	5/18/67	

If this production is commingled with that from any other lease or pool, give commingling order number

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	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.				
Pool	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL				(Test must be after recovery of total volume of local oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - 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	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAY 24 1967, 19	
John J. Hurst (Signature) Authorized Agent (Title) May 19, 1967 (Date) APPROVED BY		BY W. A. Grissett 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 Sections I, II, III, and VI only 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	