SANTA FE		REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55	
FILE /	AUTHORIZATION TO TRA			· -	
LAND OFFICE . TRANSPORTER OIL /			RECEIVED		
OPERATOR /			AUG 1 8 1969		
Operator Mobil Oil Corporat:	ion (		O. C. C.		
Address Box 633, Midland,					
Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please expla	in)		
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas X Conden		ly		
If change of ownership give name and address of previous owner			·		
DESCRIPTION OF WELL AND	UEASE Well No. Pool Name, Including Fo	ormation Kind	of L.ease	Lease No.	
Lease Name West Henshaw Premier Unit, Tract 6	3 Henshaw Graybu	VVVV	, FederalXXXXX	LC-069641	
Location Unit Letter ;4{	520 Feet From The <u>South</u> Lin	e and <u>660</u> Fee	et From The West		
Line of Section 3 Tr	ownship 16S Range	30Е , ммрм,	Eddy	County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to whic	ch approved copy of this form is	s to be sent)	
Navajo Refining Comp	any. Pipe Line Division	North Freeman Av Address (Give address to which	e., Artesia, New h approved copy of this form i. , Texas	Mexico s to be sent)	
Ngme of Authorized Transporter of Co Phillips Petroleum C Continental Oil Comp	any 29%	Box 6666, Odessa Drawer 1267, Pon Is gas actually connected?	, Texas Ca City, Okla. 74 When	4601	
If well produces oil or liquids, give location of tanks.	L 3 16S 30E	Yes	1-60		
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,		epen Plug Back Same R	es'y, Diff. Res'y,	
Designate Type of Completi	on – (X)	Total Depth	P.B.T.D.	8 	
Date Spudded	Date Compl. Ready to Prod.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
Perforations		-	Depth Casing Shoe		
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEMENTING RECORD	SACKS C	EMENT	
. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of pth or be for full 24 hours)	load oil and must be equal to c	r exceed top allow.	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum)	p, gas lift, etc.)	]	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF		
GAS WELL		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Actual Prod. Test-MCF/D	Longth of Tost	Bbls. Condensate/MMCF	Gravity of Condense	rie	
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
L CERTIFICATE OF COMPLIAN	CE	OIL CONS	SERVATION COMMISSI	) ON	
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY IN. a. Gressett			
,		TITLE			
(Signature)		If this is a request for allowable for $\epsilon$ newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation			
Authorized Agent		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
(Tule) August 15, 1969		eble on new and recompleted wells. Fill out only Sectiona I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			
([	Jate)		.04 must be filed for each		