DISTRIBUTION 6 SANTA FE / FILE / - U.S.G.S.	REQUEST	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1–1–65 AL GAS
LAND OFFICE OIL / TRANSPORTER OIL / GAS 2 OPERATOR / PRORATION OFFICE			
Operator Mobil Oil Corporat:	ion		
Address Box 633, Midland, 2 Reoson(s) for filing (Check proper box	.)	Other (Please explain)	
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas X Conder		
If change of ownership give name and address of previous owner		<i>v</i>	· · · · · · · · · · · · · · · · · · ·
Lease Name West Henshaw	Well No. Pool Name, Including F		
Premier Unit, Tract 6	4 Henshaw Grayb		ederal or Fee Federal [LC-06964]
Unit Letter R; 198			from The East
. DESIGNATION OF TRANSPOR			approved copy of this form is to be sent)
Name of Authorized Transporter of OI. Navajo Refining Compa Name of Authorized Transporter of Ca Phillips Petroleum Co Continental Oil Compa If well produces oil or liquids,	any, Pipe Line Division strighed Gas X or Dry Gas C 2.71%	North Freeman Ave Address (Give address to which of Box 6666, Odessa,	
give location of tanks.	L 3 16S 30E	Yes give commingling order number	1-60
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe	
Designate Type of Completin 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		1	Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
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'. TEST DATA AND REQUEST F OIL WELL Date First New Oll Run To Tanks	OR ALLOWABLE (Test must be a able for this de Date of Test	pter recovery of total volume of toa pth or be for full 24 hours) Producing Method (Flow, pump, g	d oil and must be equal to or exceed top allow- as lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
GAS WELL	· ·	ſ,	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ehut-in)	Chokə Size
CERTIFICATE OF COMPLIAN	CE	OIL CONSE	RVATION 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,		BY Brussett	
			SAS INSPECTOR
Cill Mills	atura l	If this is a request for	I in compliance with RULE 1104. allowable for a newly drilled or deepened ompanied by a tabulation of the deviation
(Signature) Authorized Agent		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 allow-	
(Title) August 15, 1969 (Date)		 able 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. 	