NO. OF COPIES RECI	15	15		
DISTRIBUTIO		`		
SANTA FE	7			
FILE		/-		
U.S.G.S.				
LAND OFFICE				
I BANGBORTER	OIL	1		
TRANSPORTER	GAS	1		
OPERATOR	/			
PRORATION OF				
Operator				

## NEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE $\mathbf{AND} \cdot$

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

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	LAND OFFICE		1	•	RECEI	VED			
1	TRANSPORTER GAS / OPERATOR / PRORATION OFFICE		P	- -	<b>J</b> UN 2 2	1966			
1.	Operator  Mobil Oil Corporation Address	obil Oil Corporation - Formerly Socony Mobil Oil Company, Incorporated Angelin Design							
	P. O. Box 633, Midland								
	Reason(s) for filing (Check proper box)		Other (Pleas		l No. due to	,			
	New Well Recompletion	The state of the s							
	Change in Ownership X	Casinghead Gas Conden	sate 01d Name	: Federa	1 "P" #10				
	If change of ownership give name and address of previous owner	Socony Mobil OilCompany,	Inc., P. O. Bo	ж 633, Мі	dland, Texas	79701			
	DESCRIPTION OF WELL AND I	Well No.   Pool Name, Including Fo	ormation	Kind of Lease		Lease No.			
	West Henshaw Unit Tract	· •		State, Federal	or Fee Federal	069641			
	Location Unit Letter X ; 990	Feet From The South Line	9.5.5 e and <del>855</del>	Feet From T	he <b>East</b>				
	Line of Section 3 Tow	mship 16 S Range	30 E , NMPN	۸,	Eddy	County			
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address	to which approv	ed copy of this form is	to be sent)			
	Continental Pipe Line Name of Authorized Transporter of Cas	Company	Box 410, Artesia, New Mexico  Address (Give address to which approved copy of this form is to be sent)						
	Phillip Petroleum Comp	oany	Box 2105, Hobb	s, New Me	xico				
	If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   F   3   16-S   30-E	Is gas actually connect Yes	ted? Whe	5-1-6	, cf			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling orde	Deepen	Plug Back   Same Re	es'v. Diff. Res'v.			
	Designate Type of Completio		New Well Workston	)		!			
	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	L	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe				
		TUBING, CASING, AND	CEMENTING RECO	RD					
•	HOLE SIZE	CASING & TUBING SIZE	· DEPTH S	ET	SACKS CE	MENT			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	ptn or oe jor juit 24 nour	•/		exceed top allow-			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gc:s lij	(t, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls. Gas		Gas - MCF	Gas - MCF			
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensat				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size				
/I.	CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED 1966				ON 19				
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	BY ML amistrerie							
	TITLE					····			
	A. C. Co	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper							
(Signature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
Authorized Agent (Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.						
June 1, 1966 (Date)			Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.						
			Separate Forms C-104 must be filed for each pool in multiply completed wells.						