

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FIVE
C.S.O.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
REGISTRATION OFFICE
Operator

ARTESIA OFFICE COPY
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

RECEIVED

OCT 11 1968

O. C. C.
ARTESIA OFFICE

Mobil Oil Corporation
Address
Box 630, Midland, Texas 79701
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recommendation ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Well to Central Battery and to
Show Split Casinghead Connection
If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE
Lease Name West Henslow Premier Unit
Well No. 2 Pool Name, including Formation Henslow Grayburg West
Kind of Lease State, Federal or ~~Lease~~
Lease No. LC-067610
Location
Unit Letter R 1980 Feet From The South Line and 1980 Feet From The East
Line of Section 4 Township 16 S Range 30 E, NMPM, Eddy County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Continental Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
North Freeman Ave., Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Co. 71%
Skelly Oil Company 29%
Address (Give address to which approved copy of this form is to be sent)
Box 6666, Odessa, Texas
Box 1650, Tulsa, Oklahoma
Is gas actually connected? When
yes 1-22-60
If well produces oil or liquids,
give location of tanks.
Unit L Sec. 3 Twp. 16 S Rge. 30 E

If this production is commingled with that from any other lease or pool, give commingling order number:
V. 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.
Elevations (DF, RKB, RT, GR, etc.) 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 load 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 (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE
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.
W. A. Gressett
Authorized Agent
OCTOBER 14, 1968
Date
OIL CONSERVATION COMMISSION
OCT 14 1968
APPROVED BY W. A. Gressett
TITLE OIL AND GAS INSPECTOR
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 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.