SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		SIQŅ	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55
U.S.G.S.	AUTHORIZATION TO TRAN		RECE	IVED
TRANSPORTER OIL / GAS / OPERATOR /			AUG 1	g 1969
PRORATION OFFICE	∠		AFRESIA	·
Mobil Oil Corporati Address	- -			
Box 633, Midland, T Reason(s) for filing (Check proper box) New Well		Other (Please	xplain)	
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas X Condens		belly	
If change of ownership give name and address of previous owner		<i>y</i>		
DESCRIPTION OF WELL AND	LEASE	ormation	Kind of Lease	Leaso No.
Lease Name West Henshaw Premier Unit, Tract 4	2 Henshaw Graybu	urg West	State, Federal or Fee	Federal LC-067610
Unit Letter / R ; 198	O Feet From The South Line	e and 1980	_ Fect From The	East
Line of Section 4 Township 16S Range 30E , NMPM, Eddy County				
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to	which approved copy	of this form is to be sent)
Navajo Refining Compa Name of Authorized Transcorter of Cas Phillips Petroleum Co	ny, Pipe Line Division	North Freeman Address (Give address to Box 6666, Ode Drawer 1267,	which approved copy ssa, Texas	ia, <u>New Mexico</u> of this form is to be sent) Okla, 74601
<u>Continental Oil</u> Compa If well produces oll or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connecte: Yes	? When 1-60	
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	give commingling order		
Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover	Deepen Plug E	Jack Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Roady to Prod.	Total Depth	P.B.T	.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	g Depth
Perforations		<u> </u>	Depth	Casing Shoe
	TUBING, CASING, AND	I		
HOLESIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·		
TEST DATA AND REQUEST F	OT: ALLOWARIE (Test must be of	fer recovery of total volum	e of load oil and musi	t be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	able for this der	pth or be for full 24 hours, Producing Method (Flow,		
Length of Test	Tubing Pressure	Casing Pressure	Choke	Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-1	MCF
GAS WELL		<u></u>		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ty of Condenacte
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Choke	o Size
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, 19, 19		
		TITLE		
(Signature)		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		
Authorized Agent	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)		sble on new and recomplated walls. 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 completed wells.	C-104 must be fi	led for each pool in multiply	