

| | |
|-------------------|----------------|
| DISTRIBUTION | |
| SANTA FE | 1 |
| FILE | 1 |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS 2 |
| OPERATOR | 1 |
| PRODUCTION OFFICE | |

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

AUG 18 1969

| | |
|--|--|
| Operator Mobil Oil Corporation | |
| Address Box 633, Midland, Texas | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) from Skelly | |

If change of ownership give name and address of previous owner _____

| | | | | | |
|--|--------------|---------------------|--|---|---------------------|
| Lease Name West Henshaw Premier Unit, Tract 11 | | Well No. 3 | Pool Name, including Formation Henshaw Grayburg West | Kind of Lease State, Federal or Fee Federal | Lease No. LC-060398 |
| Location | | | | | |
| Unit Letter 'P | 3630 | Feet From The South | Line and 990 | Feet From The East | |
| Line of Section 4 | Township 16S | Range 30E | NMPM, | Eddy | County |

| | |
|--|--|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Refining Company, Pipe Line Division | North Freeman Ave., Artesia, New Mexico |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Petroleum Co. 71% | Box 6666, Odessa, Texas Box 2197 Houston |
| Continental Oil Company 29% | Drawer 1267, Ponca City, Okla. 74601 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit L Sec. 3 Twp. 16S Rge. 30E | Yes 1-60 5-2-60 |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

| | |
|--------------------------------------|---|
| 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 |
| | |
| | |
| | |
| | |

| | |
|--|--|
| 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-Ebbls. Water-Ebbls. Gas-MCF |

| | |
|----------------------------------|--|
| GAS WELL | |
| Actual Prod. Test-MCF/D | Length of Test Bbls. Condensate/MMCF Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size |

| | |
|--|-------------|
| 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. | |
| APPROVED AUG 18 1969 | |
| 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. | |
| Authorized Agent | (Signature) |
| August 15, 1969 | (Date) |