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U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL  
GAS  
OPERATOR  
PROCRATION OFFICE

ARTESIA OFFICE COPY

NEW MEXICO OIL CONSERVATION COMM. ON

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

D. C. C.  
ARTESIA, OFFICE

I. Operator  
Mobil Oil Corporation  
Address  
Box 633 Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ 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

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
West Henshaw Premier Unit  
Tract 1  
Well No./ Pool Name, Including Formation  
4 Henshaw Grayburg West  
Kind of Lease  
State, Federal ☒  
Lease No.  
LC-050898  
Location  
Unit Letter  
#L  
1980 Feet From The  
South Line and  
660 Feet From The  
West  
Line of Section  
4 Township  
16 S Range  
30 E NMPM,  
Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Continental Pipeline 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 1450, Tulsa, Oklahoma  
If well produces oil or liquids,  
give location of tanks.  
Unit  
L Sec.  
3 Twp.  
16 S Rge.  
30 E Is gas actually connected?  
yes When  
1-60

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

IV. 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 5s 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.  
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.