| SANTA FE | | CONSERVATION COMMISSION | Form C-104 Supersedes Old C-104 and C-114 | |
|---|---|---|---|--|
| FILE / | · | AND RANSPORT OIL AND NATURA | Effective 1-1-65 | |
| TRANSPORTER OIL / GAS | | | RECEIVED | |
| OPERATOR / PRORATION OFFICE | | | AUG 1 8 1969 | |
| Mobil Oil Corporat | ion V | | O. C. C. | |
| Box 633, Midland, Reason(s) for filing (Check proper bo | | Other (Please explain) | | |
| New Well Recompletion | | Gas from Shel | 1 | |
| Change in Ownership | Casinghead Gas X Cond | densate J Wm Shel | 7 | |
| and address of previous owner | . I PACE | | | |
| DESCRIPTION OF WELL AND Lease Name West Henshaw Premier Unit, Tract | Well No. Pool Name, Including | | Lease Lease No. ^{oderal or Fee} Federal LC-06407- | |
| Unit Letter 'X ; 660 | DFeet From The_South | Line and <u>660</u> Fiect F | rom The <u>East</u> | |
| Line of Section 5 7 | Township 16S Range | 30E , NMPM, | Eddy County | |
| DESIGNATION OF TRANSPOL Name of Authorized Transporter of O | RTER OF OIL AND NATURAL (| GAS Address (Give address to which a | pproved copy of this form is to be sent) | |
| Name of Authorized Transporter of C Phillips Petroleum C | asinghead Gas X or Dry Gas C Co. 71% | Address (Give address to which a Box 6666, Odessa, | Artesia, New Mexico proved copy of this form is to be sent) Texas City, Okla, 74601 | |
| Continental_Oil_Comp If well produces oll or liquids, give location of tanks. | Unit Sec. Twp. Ege. | Is gas actually connected? | When 1-60 | |
| If this production is commingled w COMPLETION DATA | with that from any other lease or poo | | | |
| Designate Type of Complet | ion = (X) | New Well Workover Deepe | n 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 | |
| HOLE SIZE | TUBING, CASING, A CASING & TUBING SIZE | ND CEMENTING RECORD | SACKS CEMENT | |
| | | | | |
| | | | | |
| TEST DATA AND REQUEST : OIL WELL Date First New Oil Run To Tanks | | e after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, g | d oil and must be equal to or exceed top allow- ns lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCF | |
| | <u></u> | | | |
| 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 (Eaut-in) | Choke Size | |
| CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | |
| Commission have been complied | l regulations of the Oil Conservatio with and that the information give he best of my knowledge and belie | an APPROVED | hessett | |
| | | | ne 16419 3 748 | |
| - Ulificille | inature) | If this is a request for well, this form must be accounted by the second | I in compliance with RULE 1104. allowable for a newly drilled or deepened ompanied by a tabulation of the deviation | |
| Authorized Agent | Title) | - tests taken on the well in a All sections of this for | necordence with RULE 111 In must be filled out completely for allow- | |
| August 15, 1969 | Datej | Fill out only Sectiona well name or number, or tran | able 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. | must be med tot each poor minorchiy | |