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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							AS	
	LAND OFFICE	- <del>,-</del>				$\sim$		RECEIVED	
	TRANSPORTER GAS	1		,	,	<b>F</b>			
	OPERATOR	1		• .				11 IN 2 2 10CC	
ı.	PRORATION OFFICE							JUN 2 2 1966	
	Mobil Oil Corporation - Formerly Socony Mobil O					O. C. C.			
	Address								
	P. O. Box 633, Midland, Texas 79701								
	Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  Other (Please explain)  Change Name & Well No. due to								
	New Well Change in Transporter of:  Recompletion Oil Dry Gas					77-24-6		110, 446 60	
	Change in Ownership X Casinghead Gas Condensate Old Name: Stablein Federal #6								
	General American Oil Co. of Texas, Meadows Bldg., Dallas, Texas								
**	and Hondo Oil and Gas Company  DESCRIPTION OF WELL AND LEASE								
11.	Meb Namoil Corpore	u n tio	n In	Well No. Pool Name, Includ	ing For		ind of Lease		
	West Henshaw Unit Tract 5 6 Henshaw Grayburg West State, Federal or Fee Federal LC-069465								
	Location  Unit Letter B : 334) Feet From The N Line and 2308 Feet From The E								
	Unit Letter B; 330 Feet From The N Line and 2308 Feet From The								
	Line of Section 10		Tow	mship 16 S Range	•	30 E , NMPM,	Ede	dy County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)							ed copy of this form is to be sent)	
	Continental Pipe Line Company					Box 410, Artesia, New Mexico			
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)			
	Phillip Petroleum Company  Unit Sec. Twp. Rge.					Box 6666, Odessa, Texas Is gas actually connected? When			
	If well produces oil or liquid give location of tanks.	s,			i	Is gas actually connected Yes	,   Muse	1-22-60	
	If this production is commingled with that from any other lease or pool, give commingling order number:								
	COMPLETION DATA	ngred	ı wit					Internal Comp Party Diff Posts	
	Designate Type of C	ompl	letio	on - (X) Gas W	/ell	New Well Workover	Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
				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				l		<del></del>	Depth Casing Shoe	
				<del></del>		CEMENTING RECORD			
	HOLE SIZE			CASING & TUBING SIZE	E	DEPTH SET		SACKS CEMENT	
				•					
V.	TEST DATA AND REQUEST FOR ALLOWABLE  (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)								
	OIL WELL  Date First New Oil Run To Tanks  Date of Test					Producing Method (Flow, pump, gas lift, etc.)			
								Choke Size	
	Length of Test	Tubing Pressure				Casing Pressure		CHORA SIZE	
	Actual Prod. During Test			Oli-Bbls.		Water-Bbls.		Gas-MCF	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	GAS WELL			Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
	Actual Prod. Test-MCF/D			2011					
	Testing Method (pitot, back	pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-	in)	Choke Size	
VI	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.				OIL CONSERVATION COMMISSION				
					ation	APPROVED JUN 23 1966 , 19			
					given				
					ener.	MAN ON INPECTOR		· _/	
						TITLE			
	$\alpha \alpha \beta$					This form is to	be filed in	compliance with RULE 1104.	
	1/62	_ [	18:	ey Me		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.			
	Authorized Agent					tests taken on the well in accordance with RULE 111.			

(Title)

(Date)

June 1, 1966

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.

well name or number, or transporter, or other such change or condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.