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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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED NOV 1 1979 Operator 0. C. C Mobil Producing Texas & New Mexico Inc. ARTESIA, OFFICE Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046 Other (Please explain) Reason(s) for filing (Check proper box) To change Operator name from Mobil Oil New Well Corporation. Dry Gas Oil Recompletion (Effective Date: 1-1-1980) Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Lease No. 6 Sq Lake Grayburg, S A Nerth Kind of Lease Lease NameNortheast Square 04421 State, Federal or Fee Federal Lake Premier Unit Location South Line and 1980 East 560 W Feet From The Feet From The Unit Letter Eddy 16-S 31-E NMPM, County 3 Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be vent) Name of Authorized Transporter of Oil Con Navajo Refining Co Box 159 Artesia, NM 88210
Address (Give address to which approved copy of this form is to be sent) Box 2130 Hobbs, NM 88240 Phillips Petroleum Co When Is gas actually connected? P.ge. Sec. Twp. Unit If well produces oil or liquids, give location of tanks. 1 10 16-S 31-E Yes C If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Resty, Diff. Resty Plug Back Workover Oil Well Gas Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF. RKB, RT, CR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitos, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED. 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. SUPERVISOR, DISTRICT IL TITLE ___ This form is to be filed in compliance with RULE 1104.

Pollie Jay	_
Authorized Agent (Title)	

(Date)

1979

October

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 allow-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