40. OF COPIES REC	EIVED	l	
DISTRIBUTE			
SANTA FE		T	
FILE			V
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
RANSPORTER	GAS		
OPERATOR		1	
BRODATION OF	SIC E	i	1

October 31, 1979 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIE

Form C-104 Supersedes Old C-104 and C-110

511.5	REQUEST	FUR ALLUWABLE	Effective 1-1-65	
U.S.G.S.	***************************************	AND		
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS	
OIL /	1			
TRANSPORTER GAS	1	RE	CEIVED	
OPERATOR /	1			
PRORATION OFFICE	1	N∩	V 1 1979	
Operator			V 13/3	
Mobil Producing Texas	& New Mexico Inc.		.	
Address		AST	J. G. G. CSIA. OFFICE	
	ite 2700, Houston, TX 77	7040	CAIA. UFFICE	
Reason(s) for filing (Check proper box	,	Other (Please explain)		
New We!1	Change in Transporter of:		tor name from Mobil Oil	
Recompletion	Oil Dry Ga	=		
Change in Ownership	Casinghead Gas Conden	(Effective	Date: 1-1-1980)	
If change of ownership give name				
and address of previous owner				
	* 5.45			
I. DESCRIPTION OF WELL AND	Well No Dool Name Including Fr	ormation Kind of Lease	Lease No	
Lease Name Northeast Squar Lake Premier Unit	e Worth	cayburg SA North State, Federa	or Fee Federal 026418	
Location	Noquate same sa			
x 660	Feet From The South Lin	se and 660 Feet From 1	East	
Unit Letter;	Leet From theLin	r eet riom		
Line of Section 4 To	waship 16-S Range	31-Е , ммрм,	Eddy County	
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	<u>is</u>		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
	seline Vev.	Box 159 Artesia, NM 88210		
Name of Authorized Transporter of Ca	inghead Gas 🔀 or Dry Gas 🗔	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Co		Box 2130 Hobbs, NM 88240		
If well produces oil or liquids,	Unit Sec. Twp. P.ge. C 10 16-S 31-E	Is gas actually connected? Whe		
give location of tanks.	C 10 16-S 31-E	NO Tempora	rily abandoned	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Rest	
Designate Type of Completic		New west workover Deepen	Flug Buck Sume Nes 1. Ditt. Nes	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	Date Compt. Reddy to Frod.	Total Depti.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (Dr., RRB, R1, GR, etc.)				
Perforations			Depth Casing Shoe	
, 4.10.14.15.15				
	TUBING, CASING, AND	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		·		
		1		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top all	
OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	ft etc.	
Date First New Oil Run To Tanks	Date of Test	Producing Method (1 tow, pamp, gas	.,,	
	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	I do not be a second			
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
Actual Floar During 1991				
		<u></u>		
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	İ			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
I. CERTIFICATE OF COMPLIAN	CE		TION COMMISSION	
		JAN 2 4 1930,		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	//	
- A	with and that the information ziven	BY Wali	Gussitt	
above is true and complete to the	and complete to the best of my knowledge and belief. SUPERVISOR, DISTRICT II		TSTRICT II	
		TITLE SUPERVISOR, D	20 2 200 20 20	
\sim	•	This form is to be filed in	compliance with RULE 1104.	
Kaldus	Wall I a CM		ushia for a newly dellied or deeper	
(Sign	Well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.			
Authorize	d Agent	All sections of this form mu	at be filled out completely for all	
	itle)	able on new and recompleted we	elle.	

All sections of this form must be filled out completely for sllowable 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