NO. OF COPIES RECEIVED							
DISTRIBUTION			1				
SANTA FE							
FILE			7				
U.S.G.S.							
LAND OFFICE							
TRANSPORTER	OIL						
	GAS	/					
OPERATOR							
PRORATION OFFICE							
Operator Mobil Prod	ucing	Te	xas				
Address							
9 Greenway Plaza, Sui							

	SANTA FE [FOR ALLOWABLE	SSION	Form C-104 Supersedes Old	l C-104 and C-11	
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				5	
	LAND OFFICE	AUTHORIZATION TO TR	ANSPURT UIL AND N				
	TRANSPORTER OIL / GAS /		RECEIVED				
	OPERATOR /			NO	V 1 1979.		
I.	PRORATION OFFICE Operator		·				
	Mobil Producing Texas & New Mexico Inc. ARTESIA, OFFICE						
	9 Greenway Plaza, Suite 2700, Houston, TX 77046						
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please				
	Recompletion Change in Ownership	Oil Dry Go	rs 🖳 Corpora	tion.	or name from M Date: 1-1-198		
	If change of ownership give name and address of previous owner						
**	DESCRIPTION OF WELL AND	FACE					
•••	Lease Name Northeast Squar		ormation 1	Kind of Lease		Lease No.	
	Lake Premier Unit	13 7 Sq Lake Graybu	irg S A North	State, Federal o	Federal	04421	
	Unit Letter B 660	Feet From TheNorthLir	1980	_Feet From Th	East		
	Line of Section 9 Tox	waship 16-S Range	31-Е , ммрм,		Eddy	County	
III.		TER OF OIL AND NATURAL GA					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to			ŕ	
	Navajo Refining Co Name of Authorized Transporter of Car	singhead Gas (7) or Dry Gas	Box 159 Arte	sia, NM	88210	ha .a=.1	
			i			oe sent)	
	Phillips Petroleum Co	Unit Sec. Twp. Rge.	Box 2130 Hob	7 When	10240	····	
	give location of tanks.	C 10 16-S 31-E	Yes		1961		
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:		1.	
	Designate Type of Completion	on (X)	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u>'</u>	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Perforations	<u></u>			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	r	SACKS CEM	ENT	
							
					· · · · · · · · · · · · · · · · · · ·		
v.	TEST DATA AND REQUEST FO	ORALLOWABLE (Test must be a	fer recovery of total volume	of load oil and	d must be equal to or ex	ceed top allow-	
	able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Date I tist lies On Wall to Laws			, in the same of t	,		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	Actual Prod. During Teet	Oil-Bble.	Water - Bbls.	,	Gde - MCF		
i	GAS WELL	<u> </u>	<u> </u>	<u> </u>			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	,	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	.n)	Choke Size		
	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JAN 24 1830 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.			BY W. a. Gressett				
			TITLE SUPERVISOR DISTRICT H				
	Ω	This form is to be filed in compliance with RULE 1104.					
(Signature)			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.				
							•
	October 31	·	Fill out only Sections I. II. III. and VI for changes of owner,				
	(Da		well name or number, or transporter, or other such change of condition.				

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