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U.S.G.S.	-			
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR	OPERATOR			
PRORATION OF	ICE			
Operator Mobil Prod	ucing	Te	xas	&
Address 9 Greenway	Plaz	a,	Sui	te
Reason(s) for filing	(Check p	roper	box)	
New Well				
Recompletion				
Change in Ownership	<u> </u>			
If change of owners and address of prev				
				ΕA
Lease Name Nort			uare	2
Lake Premi	er Un	it		
Location				
Unit Letter	G	:	1980	)

(Title)

October 31, 1979 (Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	SAS						
	TRANSPORTER OIL GAS	RECEIVED					
	OPERATOR	MV 1 1070					
I.	PRORATION OFFICE						
	Mobil Producing Texas	O. C. C.					
9 Greenway Plaza, Suite 2700, Houston, TX 77046							
	Reason(s) for Isling (Check proper box)  Other (Please explain)						
	New Well	Change in Transporter of:		tor name from Mobil Oil			
	Recompletion Change in Ownership	Oil Dry Gos Corporation.					
	Change in Ownership   Casinghead Gas   Condensate   (Effective Date: 1-1-1980)						
	If change of ownership give name and address of previous owner						
11.	II. DESCRIPTION OF WELL AND LEASE  Lease Name Northeast Square   Well No.   Pool Name, Including Formation   Kind of Lease   L						
	Lake Premier Unit	21 Noq Lake Graybur	g, S A, North State, Federa				
C 1980 For Front North 1980 Fast							
	Unit Letter ; 198	O Feet From The North Lir	e and 1980 Feet From 1	The East			
	Line of Section 10 Tow	mship 16-S Range	31-E , NMPM,	Eddy County			
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA	Address (Give address to which approx	ed copy of this form is to be sent			
	N/A - Water Injecti			as app, of the form as to be verily			
	Name of Authorized Transporter of Cas	inghedd Gas or Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent)			
		Lynn Coo I Tue					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	·n			
,	If this production is commingled wit	h that from any other lease or pool.	give commingling order number:				
	COMPLETION DATA						
	Designate Type of Completio	n - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.			
	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						
	1101 E 617 E	TUBING, CASING, AND CEM		SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	JACKS CEMENT			
Ì							
		1					
<u>.</u> [	DESCRIPTION OF THE PROPERTY OF	D ATTOWART CT					
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be a ster recovery of total volume of load oil and must be equal to or exceed top allowable. WELL  (Test must be a ster 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)						
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)			
ļ	Length of Test	Tubing Pressure Casing Pressure		Choke Size			
	,						
1	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF			
ļ.							
GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
-	Tarthan Vallad (aires hock as )	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size			
İ	Testing Method (pitot, back pr.)	I doing Presente (State-In	Cashing Freezewa ( Suace 122 )				
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION							
				JAN 2 4 1980			
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.C.	BY W.C., Messel			
			TITLE SUPERVISOR, DISTRICT H				
	Λ	00	This form is to be filed in compliance with RULE 1104.  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				
	Robbie	yay					
(Signature) U			tests taken on the well in accordance with RULE 111.				

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