

COPIES RECEIVED	6
DISTRIBUTION	
TO: Mr.	1
FILE	1
DATE	
BY	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

DEC 21 1966

I. OPERATOR Mobil Oil Corporation Address Box 655, Midland, Texas 79701 (Recipient) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Description <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Change Name & Well No. due to Unitization Mobil Oil Corporation Mobil State #1	
--	--

If change of ownership, give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE Well Name Northeast Square Lake Premier Unit Well No. 9 Pool Name, including Formation Square Lake North Grayburg S. A., North Kind of Lease State, XXXXXXXXXXXX Lease No. E-6418 Location Unit Letter D, 660 Feet From The North Line and 660 Feet From The West Line of Section 11 Township 16-S Range 31-E, NMPM, Eddy County	
--	--

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) Box 2130, Hobbs, New Mexico If well produces oil or liquids, give location of tanks. Unit D Sec. 11 Twp. 16-S Rge. 31-E Is gas actually connected? Yes When 8/7/62	
---	--

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Description (DE, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD POLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	
--	--

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF	
--	--

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
---	--

VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and accurate to the best of my knowledge and belief. N. A. Payne Authorized Agent December 19, 1966 OIL CONSERVATION COMMISSION APPROVED DEC 22 1966, 19 BY W. A. Gressett TITLE OIL AND GAS INSPECTOR 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 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 completed wells.	
--	--