" NOT OF COPIES PECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION CON JION SANTA FE Form C-104 1 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE RECEIVED IRANSPORTER GAS JAN 7 1974 OPERATOR PRORATION OFFICE Operator D. C. <u>C</u> Mobil Oil Corporation / ARTESIA, OFFICE Addre Box Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of Recompletion 011 Dry Gas Change in Ownership Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Federal Federal 4 Com Burton Flat (Morrow) NM-1531 Location Unit Letter 2787 Feet From The North Line and 860 Feet From The East Line of Section Township 21-S Range 27-E , NMPM. Eddv County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Acadress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, N.M. 88240 Hogas actually connected? When When Waiting on pipeline 9-4-74 Connection Llano, Inc. P.ge. Unit Sec. If well produces oil or liquids, give location of tanks. Twp. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded P.B.T.D. 10-11-73 12-18-73 11,600 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3183 GR 11,272 Morrow 11,269 Perforations Depth Casing Sho 11,272,273,274,275,276,277,278,285,286,287,288,289 & 11,290 11,600 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT <u>17-1/2"</u> 500-x 13-3/8" 600 12-1/4" 9**-**5/8" 2742 1400-x **7-**7/8" 5**-**1/2" 11,600 <u>2700-x</u> 11269 (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 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 NSP-931 298.91 acres. .93 tacter Actual Prod. Test-MCF Length of Test Bbls. Condensate/MMCF Gravity of Condensate 290.6 4 hrs. Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (Shut-in) Choke Size 3575 Back Pressure 1340 Varied VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 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. OIL AND GAS INSPECTOR TITLE

Authori

1-2-74

Agent

(Title)

(Date)

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 NULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wolls.

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