U. D. COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS	REQUE	L CONSERVATION COMMISSION ST FOR ALLOWABLE ANDMAR 10 580 RANSPORT OIL AND NATURAL O C D ARTEMA CHICE	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65 GAS
OPERATOR			-
Mobil Producing T>	(. & N.M. Inc. 🗸		
Nine Greenway Plaz	a, Suite 2700, Houston,	Texas 77046	
Reason(s) for filing (Check proper New Well	Change in Transporter of:	Other (Please explain)	
Recompletion X Change in Ownership		Gas densate	CAS MUST NOT BE
If change of ownership give nam and address of previous owner_			in EKCEPTION FROM
I. DESCRIPTION OF WELL A	ND LEASE		N. IS OBTAINED
Lesse Name Federal 00 Location	Well No. Pool Marme, including 2 Wildcat (De		Lease No. ral or Fee Federal 0560291
Unit LetterC	660 Feet From The North	ine and <u>1980</u> Feet From	The West
Line of Section 2818	Township 215 Pange	<u>27Е , ммрм, Eddy</u>	County
Name of Authorized Transporter of		FAS Address (Give address to which appr	ould copy of this form is to be tent)
The Permian Corporation		P. O. Box 3119, Midland, TX 79701 Address (Give address to which approved copy of this form is to be sent)	
Llano, Inc.		P. O. Box 1320, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. C 21S 27E	Is gas actually connected? W	hen
If this production is commingled IV. <u>COMPLETION DATA</u>	with that from any other lease or poc	l, give commingling order number:	· · · · · · · · · · · · · · · · · · ·
Designate Type of Comple	etion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10/03/83 Elevations (DF, RKB, RT, GR, etc.	02/04/84 , Name of Producing Formation	11500 Top 011/Gas Pay	3896 Tubing Depth
3208 GR, 3212 DF	Delaware	3800	3890
3800-3820, 1 JSPF, 1			Depth Casing Shoe 11500
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
17-1/2	13-3/8	600	1940
11	8-5/8	2600	3375
7-7/8	<u>5-1/2</u> 2-3/8		1350
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow
OII, WELL Date First New Oil Bun To Tanks 02/04/84	Date of Teet 03/01/84	lepth or be for full 24 hours) Producing Method (Flow, pump, gas li Pump	11. erc.) Post 15 84
Length of Test	Tubing Pressure	Casing Pressure	Choke Size Contract
24 hours Actual Prod. During Test	Cii-Bbis.	Water-Bbis.	
	15	138	30
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIA	NCE		TION COMMISSION
I hereby certify that the rules an	d regulations of the Oil Conservation		_1984, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed By Loslie A: Cloments	
$\hat{\mathbf{n}}$		TITLE Supervisor D	
-Paula (1).	Lallini)	If this is a request for allow	compliance with RULE 1104. Table for a newly drilled or deepened
(Signature) Authorized Agent		tests taken on the well in accor	
(Title) 03/08/84		able on new and recompleted we	
	18/84 Dare)	Fill out only Sections I. II well name or number, or transport	. III, and VI for changes of owner, er, or other such change of condition.
		Separate Forms C-104 must	be filed for each pool in multiply

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