

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

FEB 24 1969

O. C. C.

ARTESIA, OFFICE

Operator		Pennzoil United, Inc.		
Address				
P. O. Drawer 1828 - Midland, Texas 79701				
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	This is Upper Zone of dually completed well in the Atoka formation.-Lower zone in the Morrow formation.	
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mobil "12" Federal	1	Wildcat (Atoka)	State, Federal or Fee Federal	NM 027994-D
Location				
Unit Letter	B	660 Feet From The	North Line and	1980 Feet From The
Line of Section	12	Township	23-S	Range
			26-E	NMPM,
			Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation				P. O. Box 3119 - Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company				P. O. Box 2521 - Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	B	12	23-S	26-E
Is gas actually connected?	When		No Yes	
	Soon		9-10-69	

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-29-68	11-25-68	12,735'	11,822'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3257' RKB	Atoka	10,842'	10,792'					
Perforations	Depth Casing Shoe							
10,842-843', 847, 848, 855, 856, 862, 864, 866, 868	11,850'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		359		350			
12 1/4"	9 5/8"		5,270		800			
8 3/4"	7 "		11,850		675			
	2 3/8"		10,792'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

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
2,625	5 hrs	- -	- -
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Orifice meter	4060	Pke	Various

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 above is true and complete to the best of my knowledge and belief.

Charles P. B...
(Signature)
Manager of Drilling & Production
(Title)
February 21, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 1 1969, 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.