## DISTRIBUTION SANTA FE

10-2-73

(Date)

## NEW MEXICO OIL CONSERVATION COMM. HON REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE / .		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	:AS	
LAND OFFICE				,,,,,	
	OIL	RECEIVED			
	I RANSPORTER GAS				
•	OPERATOR	1.	OCT 3 1973		
1.	PRORATION OFFICE	1	19/3		
•	peralot :				
Mobil Oil Corporation C.C.C.					
	Address ARTESIA, DFFICE				
	Box 633, Midland,	Box 633, Midland, Texas 79701			
	Reason(s) for filing (Check proper box)  Other (Please explain)				
	New Well X Change in Transporter of:				
	Recompletion Oil Dry Gas				
	Change in Ownership	Casinghead Gas Conden	nsate []		
If change of ownership give name					
and address of previous owner					
11.	II. DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   L				
	State Federal or Fee The James 1 TANG				
	Federal LL   1   Carlsbad South Morrow   Gode, Federal NMO2				
	Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West				
	Line of Section 13 Township 23-S Range 26-E , NMPM, Eddy Coun				
	Line of Section 13 Tow	manip 23-5 Relate 2	20-E 7 Hady		
117	DECICUATION OF TRANSPORT	TER OF OUT AND NATURAL GA	s		
ш.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil   or Condensate   Address (Give address to which approved copy of this form is to be sent)				
None					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approx	red copy of this form is to be sent)	
	·	western Ripeline	P.O. Box 1320, Hob	30 N M 88240	
		Unit Sec. Twp. P.ge.	Is gas actually connected? Who	** Waiting on 16-19-73	
	If well produces oil or liquids, give location of tanks.		No Ves P	ipe Line Connection	
If this production is commingled with that from any other lease or pool, give commingling order number:					
Off Hell Con your lives and the control of the cont				Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n = (X)	×		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6-3-73	8-24-73	12,090		
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3240.8	Morrow	11,468	11,360	
	Perforations			Depth Casing Shoe	
	11,468-480, 11,486-496,11,598-602,11,60		6-610,11,646-658,	12,088	
	11,663-668,11,709-7		CEMENTING RECORD 11, 722		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	175	13-3/8	375	400x	
	12½	9-5/8	5600	3050x	
	8-3/4	7" Liner	12088	1600x	
			<u> </u>		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
OIL WELL					
	Date First New Oil Run To Tanks	Date of Test	Producting Matthew (1 tows, party) 800	, , , , , , ,	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	I uping Pleasan			
	Total Control	Cii-Bble.	Water - Bbls.	Gas-MCF	
	Actual Prod. During Test				
		<u> </u>		<u></u>	
_	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
•	Į.	·			
	430.8 Testing Method (pitot, back pr.)	4 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		3564	Packer	Varied	
•	Back Pressure			TION COMMISSION	
VI.	CERTIFICATE OF COMPLIANCE		OCT 3 1 1973		
	and the All Connection				
	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.  Signature  Authorized Agent  (Title)		1) a Gressett		
			TITLE OIL AND GAS INSPECTOR		
			19		
			This form is to be filed in compliance with RULE 1104.  If this is a request for sillowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation.		
			II that taken on the well in accou	Mance with RULE   111.	
			All sections of this form must be filled out completely for silow-		
	114	•• /	able 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.