| 1. | DISTRIBUTION SANTA FE // FILE // U.S.G.S. // LAND OFFICE // IRANSPORTER OIL // GAS // OPERATOR // PRORATION OFFICE // COL // CO | | VED | Supersedes Old C-104 and C-110 Elfective 1-1-65 |
|--|---|---|--|--|
| • | Mobil Oil Corporation D.C.C. | | | |
| | Mobil Oil Corporation D. C. D. Address | | | |
| | Box 633, Midland, Texas 79701 | | | |
| | Reason(s) for filing (Check proper box) | | Other (Please explai | n) |
| | New Well | Change in Transporter of: Oil Dry Gas | | • |
| | Recompletion Change in Ownership | Casinghead Gas Conden | | · · |
| ļ | | | | |
| | If change of ownership give name and address of previous owner | | | |
| | and address of previous owner | | · · | |
| 11. | DESCRIPTION OF WELL AND | Well No.; Pool Name, Including Fo | tration Kind o | of Lease Lease No. |
| | Lesse Name | 1 Carlsbad Sou | State | Federal or Fee Federal NM027994- |
| | Federal LL | I Cartsbad Sou | | |
| | Unit Letter N; 660 Feet From The South Line and 1980 Feet From The West | | | |
| | Unit Letter, | | | |
| | Line of Section 13 Tow | mship 23-S Range 2 | 6-Е , ммрм, Е | Eddy County |
| | | FER OF OIL AND NATURAL GA | c | |
| [11. | Name of Authorized Transporter of Oil | TER OF OIL AND NATURAL GA | Address (Give address to whic | h approved copy of this form is to be sent) |
| | None | | | |
| | None of Authorized Transporter of Cas | | Address (Give address to whic | happived copy of this form is to be sen;) |
| | Ilano, Inc. honsu | estern Figelina Co. | P. O. BOX 1320, Is gas actually connected? | Robbs, N. M. 88240 |
| | If well produces oil or liquids, | Unit Sec. Twp. P.ge. | | Pine Line Connection |
| | give location of tanks. NO C.S. Pipe-Line Connection | | | |
| IV | If this production is commingled wit COMPLETION DATA | th that from any other lease or pool, | | |
| | | Oil Well Gas Well | New Well Workover Dee | pen Plug Back Same Res'v. Diff. Res'v. |
| | Designate Type of Completic | | X Total Depth | P.B.T.D. |
| | Date Spudded | Date Compl. Ready to Prod. 9-17-73 | 12,090 | |
| | 6-3-73 Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | 3240.8 | Canyon | 10,295 | 10,206 |
| | Perforations | | | Depth Casing Shoe |
| . 10,295-306 TUBING, CASING, AND CEMENTING RECORD | | | 12,088 | |
| | | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | HOLE SIZE | 13-3/8 | 375 | 400x |
| | | 9-5/8 | 5600 | 3050x |
| | 8-3/4 | 7" Liner | 12088 | 1600x |
| | | 1 | Top 5392 | |
| ¥. | TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be a) able for this de | fter recovery of total volume of l pth or be for full 24 hours) | load oil and must be equal to or exceed top allow- |
| | 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 |
| | Test Date Test | Oil-Bbls. | Water - Bbls. | Gas-MCF |
| | Actual Prod. During Test | | | |
| | | | | |
| | GAS WELL | | | Gravity of Condensate |
| • | Actual Prod. Test-MCF/D | Length of Test | Bble. Condensate/MMCF | |
| | 174.4 Testing Method (pitot, back pr.) | 4 hrs. Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | Back Pressure | 3812 | Packer | Varied |
| VI. | CERTIFICATE OF COMPLIAN | | OIL CONS | ERVATION COMMISSION |
| | | | APPROVED OCT 3 1 1973 | |
| | I hereby certify that the rules and | regulations of the Oil Conservation | APPROVED BY | |
| | Commission have been complied v above is true and complete to the | with and that the information given e best of my knowledge and belief. | | |
| | \sim | \$ | | |
| | | . \\ | | |
| | San I S | / BAMAN | | |
| | - P f W sign | arue) | | |
| | Authorized Agent | | | |
| | | ile) | | |
| | 10-2-73 | ate) | | |
| | | | | |