

EXEMPTION	
SANITARY	
FILL	
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 O-104  
Supersedes OIL C-104 and G-110  
Effective 1-1-65

RECEIVED

SEP 14 1973

Operator <b>Mobil Oil Corporation</b> ✓		<b>O. C. C.</b>	
Address <b>Box 533, Midland, Texas 79701</b>		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	Casinghead 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 <b>State OQ Com.</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Carlsbad South Morrow</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>L-428</b>
Location				
Unit Letter <b>C</b>	<b>660</b>	Feet From The <b>North</b>	Line and <b>1980</b>	Feet From The <b>West</b>
Line of Section <b>17</b>	Township <b>23-S</b>	Range <b>27-E</b>	, NMPM, <b>Eddy</b> 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)					
<b>None</b>						
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)					
<b>Llano, Inc.</b>	<b>P. O. Box 1320, Hobbs, NM 88240</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<b>No yes</b>	<b>11-2-73</b>

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.
		<b>X</b>	<b>X</b>					
Date Spudded <b>6-10-73</b>	Date Compl. Ready to Prod. <b>8-11-73</b>	Total Depth <b>12,115</b>	P.B.T.D. <b>12,104</b>					
Elevations (DF, RKB, RT, CR, etc.) <b>3178 GR</b>	Name of Producing Formation <b>Morrow</b>	Top Oil/Gas Pay <b>11,925</b>	Tubing Depth <b>11,254</b>					
Perforations <b>11,925 - 11,934, 12,042 - 12,056</b>			Depth Casing Shoe <b>12113</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17-1/2</b>	<b>13-3/8"</b>	<b>370</b>	<b>400 x</b>					
<b>12-1/4</b>	<b>9-5/8"</b>	<b>5615</b>	<b>2900 x</b>					
<b>8-3/4</b>	<b>7" Liner</b>	<b>12113</b>	<b>1350 x</b>					
<b>Top of Liner 5377'</b>								

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
<b>425</b>	<b>4 hrs.</b>	<b>0</b>	<b>0</b>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<b>Back Pressure</b>	<b>4230</b>	<b>Packer</b>	<b>Varied</b>

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.

Authorized Agent

9-13-73

OIL CONSERVATION COMMISSION	
NOV 6 1973	
APPROVED	19
BY	<b>W. A. Gressett</b>
OIL AND GAS INSPECTOR	
TITLE	

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 deviated 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 location, or transportation of other such change of condition. Section IV, O-104 must be filed for each well in compliance.