| | DISTRIBUTION | | ONSERVATION COMMISSION FOR ALLOWABLE | Form C-104 Superzedez Old C-104 and C-110 |
|-----------------------|---|--|---|--|
| | U.S.G.S. LAND OFFICE TRANSPORTER OIL | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | |
| 1. | OPERATOR / PRORATION OFFICE Operator | | | |
| | Mobil Producing Texas & New Mexico Inc. Address | | | |
| | 9 Greenway Plaza, Sui Recson(s) for filing (Check proper box) New Well | te 2700, Houston, TX 77 Change in Transporter of: | Other (Please explain) | r name from Mobil Oil |
| | Recompletion Change in Ownership | Oil Dry Gas Casinghead Gas Conden | Corporation. | ate: 1-1-1980) |
| | If change of ownership give name and address of previous owner | | | |
| u. | DESCRIPTION OF WELL AND I Legue Name State "QQ" Com | Well No. Pool Name, Including Fo | State Federal or | Fee State L-428 |
| | Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West | | | |
| | Line of Section 17 Township 23-S Range 27-E , NMPM, County | | | |
| 111. | 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 vent) | | | |
| Llano, Inc. Box 1320 | | Address (Give address to which approved Rox 1320 Hobbs, New Mex Is 323 actually connected? When | | |
| | If well produces oil or liquids, give location of tanks. | | Yes | 11-2-73 |
| | If this production is commingled with COMPLETION DATA Designate Type of Completion | Oil Well Gas Well | | lug Back Same Res'v. Diff. Res'v. |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth F | P.B.T.D. |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | ubing Depth |
| | Perforations | | | Depth Casing Shoe |
| | TUBING, CASING, AND | | | SACVE CENERAL |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | 7 600 |
| 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 allowable for this depth or be for full 24 hours) | | | |
| | OII. WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, o | stc.) |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | Actual Prod. During Test | Oil-Bhia. | Water-Bbis. | Gas - MCF |
| | | | | |
| | Actual Prod. Teet-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 |
| VI. | CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| | I hereby certify that the rules and r Commission have been compiled we show is true and complete to the | ith and that the information given | 11021 | resset |

October 31.
(Date)

SUPERVISOR, DISTRICT, H

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 allow-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