SANTA : C CILL.

NEW MEMOS OR CONSCIEVATION COME THON REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and ()
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE			RECEIVED	
OPERATOR GAS .			OCT 1 8 1973	
PRORATION OFFICE Operator		and appropriate the second		
Mobil Oil Corpo	ration 🗸		O. C. C. ARTESIA, OFFICE	
Address Pov 622 Midlan	d. Texas 79701		·	
Box 633, Midlan Reason(s) for tiling (Check proper box	id, Texas 79701	Other (Please explain)	
New Well	Change in Transporter of:	_ [
Recompletion Change in Ownership	Oil Dry Ga Castnghead Gas Conder		•	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of	Lease No.	
Lease Name Federal PP	1 Carlsbad South	(Morrow) State, F	Federal or Fee Federal 0554956	
Location				
Unit Letter F : 198	O Feet From The North Lin	e and <u>1980</u> Feet	From The West	
Line of Section 24 To	wnship 23-S Range	26-E , NMPM,	Eddy County	
DESIGNATION OF TRANSPOR Nome of Authorized Transporter of OI None	TER OF OIL AND NATURAL GA	S Address (Give address to which	approved copy of this form is to be sent)	
Name of Authorized Transporter of Ca	singhead Gas Or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)	
Llano, Inc. Irans	western lipeline Co.	P.O. Box 1320, Hobb	s, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige.	No Ves	Waiting on pipeline connec	
·	ith that from any other lease or pool,		tion	
Designate Type of Completi	on - (X) Gas Well	Naw Well Workover Deep	en Plug Back Same Resty. Diff. Resty.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
8-2-73	10-3-73	12,050		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3421 GR	Morrow	11,544	11,540 Depth Casing Shoe	
11,544-11,563			12,050	
		CEMENTING RECORD	SACKS CEMENT	
17-1/2	CASING & TUBING SIZE	381	600 s circ.	
12-1/4	9-5/8	5590	2900 x	
8-3/4	7" liner	12,050	1150 x circ.	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	ad 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.)	
	Tubing Pressure	Casing Pressure	Choke Siz O	
Length of Test	Tubing Freezest		15 500 12 15	
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas Angel Old Control of the Control	
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test 4 hrs.	O	0	
581 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
Back Pressure	3887	11	Varied	
CERTIFICATE OF COMPLIAN	ICE	14	ERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 0CT 3 1 1973		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W.a. Gressett		
above is this and complete to the best of my knowledge and Solvet		àil AND GAS INSPECTAD		
		11 En Eu man under sande sanden and de man a		
Limel and		This form is to be itied in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepend.		
(Signature)		well, this form must be accomplaised by a tabulation of the deviation tasks taken on the well in excondence with RULE 111.		
Authorized Agent		All soctions of this form more be filled out completely for eller-		
(Title)		able on new and recomplised exits. Fit out only Sections 1, H. III, and VI for the ages of the		
10-16-73		well panie or number, or us	will name or number, or history desperation of the with them. " b. tweet	
·		tragistics from Chira	struct be filed for each political	