NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE		1	
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U.\$.G.\$.			
LAND OFFICE	LAND OFFICE		
TRANSPORTER	OIL	l	
GAS		ı	
OPERATOR			
PRORATION OFFICE			
Operator			
Mobi.	l Oi	L C	or
Address			
Вох (
Reason(s) for filing (Check proper box)			

DISTRIBUTION SANTA FE	1	-1		
SANTA FE		NEW MEXICO OIL	CONSERVATION COMSION	_
	1	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-11
FILE	1 6		AND	Effective 1-1-65
U.S.G.S.		AUTHORIZATION TO T	RANSPORT OIL AND NATURAL GAS	
LAND OFFICE			THE TANKE ONE ONE	•
TRANSPORTER GAS		_	根を間に「V_」	1
OPERATOR		1	RELETVE	
I. PRORATION OFFICE			12011 4 1074	
Operator			JAN 1 4 19/5	
Mobil Oi	il Cor	poration -	<u> </u>	
Address			ARTEBIA: DEFINE	
		and, Texas 79701		
Reason(s) for filing (Check	proper box	$\mathcal{G}_{\mathcal{F}}(\mathcal{F}_{\mathcal{F}})$	Other (Please explain)	
		Change in Transporter of:		
Recompletion Change in Ownership			Gas J	
Cudude to Ownersutb		Cassinghead Gas Con	densate XX	
If change of ownership gi				
and address of previous o	wner			
II. DESCRIPTION OF WE	TT AND	LEACE		
Lease Name	LL AND	Well No. Pool Name, Including	Formation Kind of Lease	I are No
State "S	35"	l So. Carlsh	· · · · -	Lease No.
Location		1 30. Callst	ad Morrow	Fee State I430
Unit Letter C	66	O Feet From The North	1000	Y-7 A-
Unit Letter	- ;	Feet From The HOLCII	ine and 1980 Feet From The	West
Line of Section 20) то	wnship 23-S Range	27-E , NMPM, Eddy	_
		23 D Range	ZI-E , INMEM, EQUY	County
II. DESIGNATION OF TR	ANSPOR'	TER OF OIL AND NATURAL (GAS	
Name of Authorized Transp	(0)			
	orter of Oll	or Condensate XX	Address (Give address to which approved	copy of this form is to be sent)
ì		or Condensate XX	Address (Give address to which approved	·
1		or Condensate XX Oil functions of Cr singhedd Gas or Dry Gas XX	P.O. Box 159, Artes	sia. NM 88210
Navajo C	crude	or Condensate XX	P.O. Box 159, Artes Address (Give address to which approved P.O. Box 159, Artes	copy of this form is to be sent)
Navajo C Name of Authorized Transp Llano, I	Crude orter of Cas	or Condensate XX	P.O. Box 159, Artes	copy of this form is to be sent)
Navajo C	Crude orter of Cas	or Condensate XX Oil functioning Grant Singhed Gas or Dry Gas XX	P.O. Box 159, Artes Address (Give address to which approved P.O. Box 159, Artes Address (Give address to which approved P.O. Box 1320, Hobb Is gas actually connected? When	sia, NM 88210 copy of this form is to be sent) OS. NM 88240
Navajo C Name of Authorized Transp Llano, I If well produces oil or liqui quive location of tanks.	crude orter of Car inc.	or Condensate XX Oil functions of Dry Gas XX Singhed Gas or Dry Gas XX Unit Sec. Twp. Rge. C 20 23-\$27-	Address (Give address to which approved P.O. Box 159, Artes Address (Give address to which approved P.O. Box 1320, Hobb Is gas actually connected? When Yes	copy of this form is to be sent)
Navajo C Name of Authorized Transp Llano, I If well produces oil or liqui quive location of tanks.	crude orter of Car inc.	or Condensate XX Oil furchase of Grand Gas or Dry Gas XX Unit Sec. Twp. Rge. C 20 23-\$27- th that from any other lease or poo	Address (Give address to which approved P.O. Box 159, Artes Address (Give address to which approved P.O. Box 1320, Hobb Is gas actually connected? When Yes	sia, NM 88210 copy of this form is to be sent) OS. NM 88240
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OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	-
Actual Prod. During Test	Oil-Bblis.	Wate: - Bble.	Gas - MCF	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Fressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

.(
1 MR 1 0. V
(Signature)
Authorized Agent
(Title)

<u>1-13-75</u>

(Date)

OIL CONSERVATION COMMISSION

APPROVED	5AN 10 151 0	. 19
RY	10 (1 Dussitt	
<u> </u>	DICTIPLE II	

SUPERVISOR, DISTRICT II 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 deviation 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 number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply