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NEW MEXICO OIL CONSERVATION CO iSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-11

	FILE , ,		AND		Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	- ·· · · -	D NATURAL G	24		
TRANSPORTER OIL GAS RECEIVED					~~		
	OPERATOR :	NOV 1 2 197	75				
PRORATION OFFICE							
	Operator						
Mobil Oil Corporation . C. C. Address ARTESIA, OFFICE							
	Box 633, Midland, Texas 79701						
	Reason(s) for filing (Check proper box)	लि ।					
	New Well	Change in Transporter of:		•	!		
	Recompletion	Otl Dry Ga:	· -				
	Change in Ownership	Casinghead Gas Conden	sale				
	If change of ownership give name						
	and address of previous owner						
II.	II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease L						
	l			State, Federal		Lease No.	
	State "SS"	So. Carl	sbad Morrow	State, Federal	or Fee State	L-430	
	Location V 1000	0	1000		UEst		
	Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The WEST						
Line of Section 20 Township 23-S Range 27-E , NMPM, Eddy							
	Line of Section 20 Tow	mship 23-5 Range	2/-L , N	мрм, Eddy		County	
***	DESCRIPTION OF THE INCHORS	CER OF OUR AND NAMEDAL GA	.				
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 sent)						
		G commence	111111111111111111111111111111111111111		co cop, o, into joint to to	00 20,	
	None	Inghead (ias or Dry Gas XX	Address (Give addr	ess to which approv	ed copy of this form is to	he sent!	
						VC 30,	
	Llano Inc.	Tu-u Coo Tu-	Is gas actually con	320, Hobbs,			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.			n 1-27-76	•nootion	
	give location of tanks.	<u> </u>	No ye		- Ing Williams	TTT-L L-10/11	
If this production is commingled with that from any other lease or pool, give commingling order number:							
₽V.	COMPLETION DATA	Oil Weil Gas Well	New Well Works	ver Deepen	Plug Back Same Res	v. Diff. Res'v.	
	Designate Type of Completio	n (Y)	1	1	1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	i	P.B.T.D.		
	7-10-75	10-30-75	1		4 ,		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	12,250 Top Oil/Gas Pay		12,204 Tubing Depth		
	3174 GR	Morrow	11,658	ı	11,630		
	Perforations	PIOTTOW	11,000	<u>'</u>	Depth Casing Shoe		
	11,658-12,082		D CEMENTING RECORD		12,247		
	11,030-12,002	TURING CASING AND			16,447		
	HOLE SIZE	CASING & TUBING SIZE		H SET	SACKS CEM	FNT	
	171/3	13-3/8"		56	400x (circ)		
	12½	9-5/8"			3100x (circ)		
	81/4	5-1/2" liner	5500 12,247 //630		1600x		
	84	2 3/8"					
		1 -41-4-1					
V.	TEST DATA AND REQUEST FOOLL WELL		ter recovery of total pth or be for full 24		and must be equal to or e	rceed top attow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method	Flow, pump, gas lif	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.		Gas - MCF		
	<u> </u>				-		
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/	MMCF	Gravity of Condensate		
	210	24 hrs	none		-		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	back pressure	3599	packer		.750		
VI.	CERTIFICATE OF COMPLIANCE	CE	0	IL CONSERVA	TION COMMISSION	1	
- 40	- Charlest William Of Court Milaton		JAN 28 1976				
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED				
	Commission have been complied with and that the information given		11 P. Anessott				
	above is true and complete to the best of my knowledge and belief.		BY //U/				
	(\ \ \ \ \		TITLE SUPERVISOR, DISTRICT II				
	V N MARNING I		This form is to be filed in compliance with RULE 1104.				
	- A MA WILLIAM		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				
	Authorized Agent	Authorized Agent		tests taken on the well in accordance with RULE 111.			
	Author rzed Agent (Tit	le)	All section	e of this form mu	st be filled out comple	tely for allow-	
	(11	able on new and recompleted wells.					

11-10-75

(Date)

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