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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Form C-104 and C-110
Effective 1-1-65

RECEIVED

JUL 9 1971

O. C. D.
ARTESIA, OFFICE

Operator: Mobil Oil Corporation, Box 633, Artesia, New Mexico

Reason for Filing (Check proper box)

- New Well
- Recompletion
- Change in Ownership

Change in Transporter of:

- Oil [X]
- Dry Gas
- Casinghead Gas
- Condensate

Other (Please explain): Permian

If Change of Ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE R-7307 6/14/83

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Brushy Draw Federal	1	~~Hecks Dolomite~~ BRUSHY DRAW	State, Federal or Fee: Fed.

Unit Letter D; ~~940~~ 948.8 Feet From The N Line and ~~960~~ 1654.90 Feet From The W Line

Section 34 Township 20 S Range 29 E, NMPM, Eddy County

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): Box 1188 Houston Oil Building

Name of Authorized Casinghead Gas [ ] or Dry Gas [ ]: Address (Give address to which approved copy of this form is to be sent):

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	34	20S	29E		

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, Gas lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size
	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. During Test-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

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.

Thelma Hall
(Signature)

(Title)

7/9/71
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 12 1971

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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 for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, or transporter or other such change of condition.