i	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE	REQUEST	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1+1-65
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	D ^{GAS}
1.	I RANSPORTER GAS OPERATOR PRORATION OFFICE	AUG 8 1974		
1.	Operator C. C. C.			
	Mobil Oil Corporation , ARTESIA, OFFICE			
	Box 633, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transcorter of.	Other 'Please explain)	
	Recompletion			
	Change in Ownership Casingheed Gas Condensate			
	If change of ownership give name and address of previous owner			
п	DESCRIPTION OF WELL AND	IFASE		
	Lease Name Corral Draw Unit	Well No. Pool Name, Including F		ral or Fee Federal
		80Feet From TheSouth Lin	ne cad 1980 Feet From	m TheWest
	Line of Section 14 Tow	mship 25-S Range	29-E NMPM, Eddy	County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil			roved copy of this form is to be sent)
	None			
			Shut in waiting on G	
	If well produces oil or liquids, Unit Sec. Twp. Bas. Is gas actually connected? When give location of tanks.			
	f this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completio	n - (X) Oil Well Gas viel.		Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.
	12-31-73	7-15-74 Name of Producing Formation	15585	13717 Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.) 3101 GR.	Morrow		13 520
	Perforations			Depth Casing Shoe
	13621-627, 13687-702 Total of 42 Holes 14414 TUBING, CASING, AND CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	26"	<u>20"</u> 13-3/4		650-X 2100-X
	17½ 12½		11100	300-X
	8-5/8	7" Liner	14414	1200-X
	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load o with or be for full 24 hours)	il and must be equal to or exceed top allow-
Í	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod, During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
Į				
	GAS WELL			
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ŀ	10,373 Testing Method (pitot, back pr.)	28 Hrs. Tubing Pressure (Shut-in)	0 Casing Pressure (Shut-in)	Choke Size
	Back Pressure	5960	1800	Varied
	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.		DIL CONSERVATION COMMISSION DEC 5 1974	
			1.1 B. Annost	
	above is true and complete to the	Dest of my knowledge and beliez.	uil amu uas inspector	
			This form is to be filed in compliance with RULE 1104.	
	1 1 Man	Lund L		
-	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
-	Authorized Agent		All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. H. HI. and VI for changes of owner,	
	(Tit) 8 - 2 - 1			
	<u>8-2-</u> (Dat		well name or number, or transpo	orter, or other such change of condition.
			Separate Forms C-104 mu	ast be filed for each pool in multiply