ļ	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-111				
	FILE / / U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED						
	GAS 2/ OPERATOR / PRORATION OFFICE	DEC 1 8 1974						
I • .	Operator Mobil Oil Corporat	ion						
	Address Box 633, Midland, Texas 73701							
	Reason(s) for Liling (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of -Change in Transporter of Oil Dry Ga Casinghead Gas Conden	Other (Please explain)	Cig prove				
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND I	LEASE 6.4437 2.4-		e Lease No.				
	Corral Draw Unit	Well No. Poel Name, Including Fo Lina & Lina 1 Wildcat Morr	Minister State, Federa	lor Fee Federal NM 14778				
	Unit Letter;98(DFeet From The <u>South</u> Lin	e and 1980 Feet From	The West				
	Line of Section 4 Tow	mship <u>25-S</u> Range <u>2</u>	9-E NMPM, Eddy	County				
II.	DESIGNATION OF TRANSPORT		S Address (Give address to which appro	oud copy of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)							
	Sec: attachment If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	14 gas actually connected? Wh	en 11-29-74				
	If this production is commingled wit COMPLETION DATA							
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tep Oil/Gas Pay	Tuking Depth				
	Perforations			Depth Casing Shoe				
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT				
			1					
V.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil opth or be for full 24 hours) Producing Method (Flow, pump, gas h	and must be equal to or exceed top allow-				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	01Bbis.	Water - Bbls.	Gan - MCF				
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI.	CERTIFICATE OF COMPLIANO		OIL CONSERY	TION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED DEC 19 1974 . 19 19					
	above is true and complete to the best of my knowledge and belief.		BYOIL AND GAS INSPECTOR					
	LIME and		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
	Authorized agent		All sections of this form must be filled out completely for allow-					
	12-16-74 (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.					
	100	· · · · · · · · · · · · · · · · · · ·	well name of nameer, of that pust he filed for each pool in multiply					

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1	well name or	number,	01		eporte	••
	Separate	Forms	C-	104	must	ь

El Paso Natural Gas Co., Box 1384, Jal,New Mexico 88252 Marcum Drilling Co. Box 5094, Midland, Texas 79701 Drilling fuel to drill Corral Draw Unit #2

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