

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OIL	
GAS	
OPERATOR	
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

RECEIVED
 OCT 13 1983
 O. C. U.
 PERMIAN DISTRICT

Operator
 Mobil Producing TX. & N.M. Inc.

Address
 Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Oil Condensate
 Change in Ownership Casinghead Gas

Other (Please explain)
 Request a 1000 barrel testing allowable to move oil produced prior to potential.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Corral Draw Unit Well No.: 1 Pool Name, including Formation: Wildcat (Cherry Canyon) Kind of Lease: State, Federal or Free Federal Lease No.: NM-15303

Location: Unit Letter: K 1980 Feet From The South Line and 1980 Feet From The West

Line of Section: 14 Township: 25S Range: 29E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
 Permian Corporation, The Address (Give address to which approved copy of this form is to be sent)
 P. O. Box 1183, Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas or Dry Gas
 None 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: K Sec: 15 Twp: 25S Rge: 29E Is gas actually connected? No When

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

IV. COMPLETION DATA

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

Perforations: 5215-5235, 1SPF, 21 holes Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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.)

Length of Test: Tubing Pressure: Casing Pressure: Choke Size

Actual Prod. During Test: Oil - Bbls.: Water - Bbls.: Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D: Length of Test: Bbls. Condensate/MCF: Gravity of Condensate

Testing Method (pilot, back pr.): Tubing Pressure (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.

Paula A. Collins
 (Signature)

Authorized Agent

(Title)

10/04/83

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 13 1983, 19
 BY Leslie A. Clements
 TITLE Supervisor District II

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