	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1
	U.S.G.S.	AND RECEIVED		E C E I WE'D'-65
	TRANSPORTER OIL / GAS / OPERATOR /		and the second s	VOV 1 1979 G. G. G.
I.	PRORATION OFFICE Operator			RYCEIA. CIFFICE
	Mobil Producing Texas & New Mexico Inc.			
	9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reason(s) for filing (Check proper box)			
	omer (recase explain)			
	Recompletion Oil Dry Go Change in Ownership Casinghead Gas Conden		e corporación.	
	If change of ownership give name and address of previous owner	,		
11.	DESCRIPTION OF WELL AN			
	Foderal Section 22	Well No. Pool Name, including for the Right Wolfcamp	Formation Kind of Le	Lagre Mo.
	Location Section 22	Vid 2 Wolfcamp	State, Fed	Federal NM14778
	Unit Letter K : 15	580 Feet From The South Li	ne and 1980 Feet Fro	om The West
••	<u></u>	Township 25-S Range	29-Е , ммрм,	Eddy County
11.	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	AS Address (Give address to which app	proved copy of this form is to be sent)
	Permian Corp		Box 1183, Housto	on. TX 77001
	Name of Authorized Transporter of C El Paso Natural Gas	Casinghecd Gas Or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent)	
		Unit Sec. Twp. Rge.	Box 1492 El Paso, TX 79978	
	If well produces oil or liquids, give location of tanks. If this production is commingled to	K 22 25-S 29-E with that from any other lease or pool,	Yes	4-12-78
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	
	Designate Type of Complete	tion – (X)	Now well workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Perforations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
			D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				3 7 3
	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.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF
_	GAS WELL Actual Prod. Test-MCF/D			
		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Teeting 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		OIL CONSERVATION COMMISSION JAN 24 1527 19 19	
(Commission have been complied	regulations of the Oli Conservation with and that the information given ne best of my knowledge and belief.	TITLE	
	8 . (> • • • •		
-	Veoly Orsia	nature)		

VI.

Authorized

October 31.
(Date)

(Title)

1979

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.