NO. OF COPIES RECEIVED		5	
SANTA FE		1	
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	\Box	
OPERATOR		2	
BRODATION OF			

	SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE / /		AND	Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	GAS	
	TRANSPORTER OIL				
	OPERATOR 2				
ı.	PRORATION OFFICE			•	
	Mobil Producing Texas & New Mexico Inc.				
	9 Greenway Plaza, Suite 2700, Houston, TX 77046				
	Reason(s) for filing (Check proper box,	Change in Transporter of:	Other (Please explain)	ton none from Webit Oil	
	Recompletion	OII Dry Ga		tor name from Mobil Oil	
	Change in Ownership	Casinghead Gas Conden		Date: 1-1-1980)	
	If change of ownership give name				
	and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease					
	C. M. Morris	5 Fulcher-Kutz Pi	Actured Cliffs State, Federa	or Fee Federal	
Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East					
	Unit Letter H; 165	O Feet From The NOI CII Lin	e andFeet From 1	The Last	
	Line of Section 15 Tow	mship 27-N Range	10-W , NMPM,	San Juan County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	oed copy of this form is to be sent)	
	Nome of Authorized Transporter of Cas	E or Dry Gas AXX	Address (Give address to which approx	ped copy of this form is to be sent)	
	El Paso Natural Gas C	ompany	Box 1492 El Paso,		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	PR.	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion				
	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			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	<u> </u>				
••	TOTAL AND REQUEST E	D ATLOWARIE (Test must be as	free recovery of total volume of load oil	and must be equal to or exceed top allow-	
٧.	TEST DATA AND REQUEST FOOL. WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas life		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas 11)	.,)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Date Date Date Date	Oil - Bb.s.	Water - Bbls.	Gat MCF	
	Actual Prod. During Test	On Bara.			
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
				Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
			APPROVED OUT & 7 19		
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.					
		Original Signed by FRANK T CHAVE?			
			TITLE DEPUTY OIL & GAS INSPECTOR, DIST #3		
	Backerman		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
(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					
	October 31	•	able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,		
	October 31, 1979 (Date)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		
· ·			Separate Forms C-104 must be filed for each pool in multiply		