	CIVED	15		1	
DISTRIBUTIO) N		1		
SANTA FE		1			
FILE		7		-	
U.\$.G.\$.					
LAND OFFICE					
TRANSPORTER OIL					
	GAS	1			
OPERATOR					
PRORATION OF					
Mobil Producing Texa					

	SANTA FE /		NEW MEXICO OIL CONSERVATION COMMISSION					
	FILE	REQUEST	Supersedes Old C-104 and C-1 Effective 1-1-65					
	U.S.G.S.	ALITHOPIZATION TO TR	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	ASTRICKTEATION TO TR	CANSPURT UIL AND NATURAL	GAS				
	IRANSPORTER OIL							
	GAS /							
	PRORATION OFFICE	_		,				
1.	Operator							
	Mobil Producing Texa	as & New Mexico Inc.						
	Address							
	9 Greenway Plaza, Suite 2700, Houston, TX 77046							
	Reason(s) for filing (Check proper be	ox)	Other (Please explain)					
	New Well	Change in Transporter of:	To change Oper	ator name from Mobil Oil				
	Recompletion Change in Ownership	Oil Dry G	Corporation.					
	Change in Ownership	Casinghead Gas Conde	ensate (Effectiv	e Date: 1-1-1980)				
	If change of ownership give name							
	and address of previous owner							
11.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including I	7.000					
	C. M. Morris	1 Fulcher-Kutz	Pictured Cliffs State, Feder	dlorFee Federal				
	Location G 16	50 North	1650	_				
	Unit Letter; 10	50 Feet From The North Li	ne and 1000 Feet From	The East				
	Line of Section 10 To	ownship 27-N Range	10-W , NMPM,	San Juan				
		Total G	, IMMEM,	Sall Juan County				
111.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS					
	Name of Authorized Transporter of O	_	Address (Give address to which appro	oved copy of this form is to be vent)				
	Nome of Authorized Transporter of Co	<u></u>						
	Southern Union Gather		Address (Give address to which appro					
		Unit Sec. Twp. Ege.	First Natl. Bank Bldg.	, Dallas, TX 75270				
	If well produces oil or liquids, give location of tanks.		YES	len				
	If this production is commingled w	rith that from any other lease or pool,	- 					
IV.	COMPLETION DATA		. Erve comminging order number:					
	Designate Type of Completi	ion - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth					
	Date speaded	Date Compt. Reddy to Prod.	lotal Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET					
		CASING & TOBING SIZE	DEPTH SET	SACKS CEMENT				
V.	TEST DATA AND REQUEST F		fter recovery of total volume of load oil	and must be equal to or exceed top allow-				
i	OII, WELL able for this de		pth or be for full 24 hours) Producing Method (Flow, pump, gas li	6 22				
-			Producting particle (1 tob) partip, gas 1.	.,				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
,								
	Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MG CO.				
1		<u> </u>		L Cy C/O				
	GAS WELL							
٢	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
				3 12				
ſ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
Į								
VI.	CERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE		TION COMMISSION				
	. hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		APPROVED 001 2 9 1979 . 19					
•	above is true and complete to the	best of my knowledge and belief.	BY Original Signed by FRANK I CHAVEZ					
			TITLE DEPUTY OIL & GAS INSPECTOR, DIST #3					
	Beaky newals			compliance with BILL # 1104				
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
-	(S) no	ature)	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.					
_	Authorized							
	(Tit	·						
-	October 31							
	,,,,		Separate Forms C-104 must be filed for each pool in multiply					