## NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE RECEIVED OIL TRANSPORTER GAS OPERATOR PROPATION OFFICE JUN 2 2 1966 Mobil Oil Corporation - Formerly Socony Mobil Oil Company, Inc. C. ARTERIA, OFFICE Box 633, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explair) Change Name & Well No. due to Change in Transporter of: Unitization Recompletion Dry Gas Old Name: Spencer Federal Change in Ownership X Casinghead Gas Condensate If change of ownership give name and address of previous owner DEPCO, Inc., Suite 204, First National Bank Bldg., Artesia, N. Mexico II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation State, Federal or Fee Federal West Henshaw Unit Tract 1 4 Henshaw Grayburg West Location 660 Feet From The West 1980 Feet From The South Line and Unit Letter 16 S Range 30 E , NMPM, Eddy Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | | or Condensate | | Name of Authorized Transporter of Oil X Address (Give address to which approved copy of this form is to be sent) Box 410 Artesia, New Mexico Address (Give address to which approved copy of this form is to be sent) Continental Pipe Line Company Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas Box 2105, Hobbs, New Mexico Phillips Petroleum Company P.ge. Unit Sec. Twp. Is gas actually connected? If well produces oil or liquids, give location of tanks. Ves 1-60 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v Plug Back New Well Workover Oll Well Gas Well Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE (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) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Water - Bbls. Gas - MCF Actual Prod. During Test Oil-Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE JUN 2 3 1966 APPROVED\_

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.

112 (Signature) Authofized Agent (Title)

(Date)

June 1, 1966

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Lease No. LC-050898

County

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 completed wells.