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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-110
Effective 1-1-65

TA

Operator		Secorey Mobil Oil Company, Inc. ✓		Effective May 13, 1966, Secorey Mobil Oil Company, Inc.		RECEIVED	
Address		Box 1800, Hobbs, New Mexico		P. O. Box 1800, Hobbs, New Mexico, changed to Mobil Oil Corporation, P. O. Box 030, Midland, Texas		AUG 6 1965	
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well	<input type="checkbox"/>	Change in Transporter oil:					
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>		
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>		
				O. C. C. ARTESIA, OFFICE			

If change of ownership give name and address of previous owner Robert A. Dean, 823 Midland Tower, Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Mobil State	2	Square Lake G. SA., North	State Fee
Location			
Unit Letter	E	660 Feet From The	West Line and
		1980 Feet From The	North
Line of Section	11	Township	16 S
		Range	31 E
			NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation		Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company		Phillips Building, Odessa, Texas
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	D	11
		Twp.
		16 S
		Rge.
		31 E
Is gas actually connected?	Yes	When
		12/20/62

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 Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	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					

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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

E. J. Kennon
(Signature)

Group Supervisor

(Title)

8/4/65

(Date)

OIL CONSERVATION COMMISSION

AUG 6 1965

APPROVED _____, 19

BY ML Armstrong

TITLE OIL AND GAS INSPECTOR

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 Sections I, II, III, and VI only 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.