I	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE IRANSPORTER OIL GAS OPERATOR PRORATION OF FICE Oil Development Compa Address American Nation Bank Reason(s) for filing (Check proper box) New Well	REQUEST FO	Other (1 lease explain)	
:	Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND L Lease Name	Well No. Pool Name, including . or	mation Kind of Lease	Lease No.
in.	Federal 1 West Odwyci Out interest Location Init Letter D 660 Feet From The North Line and 660 Feet From The West Line of Section 27 Township 95 Range 37E , NMFM, Lea County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Automized Transporter of Cill or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Mobil Pipeline Corporation P. O. Box 900, Dallas, Texas 75221 Mare of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Cities Service Box 3238, Dallas, Texas If well produces oil or liquids, give location of tarks. D 27 95 37E Yes November 1977 If this production is commingled with that from any other lease or pool, give commingling order number: Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty			
	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations	Date Compl. Ready to Prod.	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST FO OIL WELL Date First New Oil Run To Tanks Length of Test	DR ALLOWABLE (Test must be af able for this de; Date of Test Tubing Pressure	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif Casing Pressure	and must be equal to or exceed top allow- t, etc.) Choke Size Gas-MCF
	Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Oil-Bbls. Length of Test	Water-Bbls. Bbls. Condensate/MMCF	Gravity of Condensate
VI	Testing Method (pitot, back pr.)		AUGL	Choke Size
	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.		APPROVED	

Contraction of the Cat MATION COMM