ſ	NO. OF COPIES RECEIVED				
l	DISTRIBUTIO				
	SANTA FE				
	FILE				
	U.S.G.S.	.s.			
	LAND OFFICE				
	TRANSPORTER	OIL		_	
	TRANSFORTER	GAS			
1.	OPERATOR				
	PRORATION OFFICE				

October 19, 1972 (Date)

DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104		
SANTA FE			Supersedes Old C-104 and C-110		
FILE	AND Effective 1-1-65				
U.S.G.S.	ALITHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS		
LAND OFFICE	AOTHORIZATION TO TRA	IN OR TOTE AND NATORAL			
OIL	-				
TRANSPORTER GAS					
OPERATOR					
	$\dashv$				
PRORATION OFFICE Operator					
Operator					
Oil Development	: Company of Texas				
Address	* ,				
900 Polk Street	Amarillo, Texas 79101				
Reason(s) for filing (Check proper bo	<i>;</i>	Other (Please explain)			
New Well XX	Change in Transporter of:	CASINGGEAD	AS MUST NOT BE		
Recompletion	Oil Dry Ga	<ul> <li>1 日本事業的問題 研究的計</li> </ul>	1215172		
Change in Ownership	Casinghead Gas Conden	isate 🔲   LNLESS AN 113	CEPTION TO R-4070		
		IS OBTAINED.	20 11-40/0		
If change of ownership give name					
and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE	ormation Kind of Lea	I ages No		
Lease Name	Well No. Pool Name, Including Fe		=		
SEPRR 112711	2Y Crossroads (Si	luro-Devenian) State, Fede	Fee Fee		
Location	0100010000 (01	2020 2010112011			
Unit Letter P	110 Feet From The North Lin	e and 2310 Feet From	n The West		
Unit Letter F ; 23	Feet From The North Lin				
I was at Santian and To	ownship <b>GC</b> Range	76F , NMPM,	Lea County		
Line of Section 27	ownship GS Runge	36E , NMPM,	Lea		
	THE OF OWN AND MARKINAL CA	6			
III. DESIGNATION OF TRANSPOR	or Condensate	Address (Give address to which and	roved copy of this form is to be sent)		
Name of Authorized Transporter of O	or Condensate	Address force address to which app	open copy of this form is to be comp		
Mobil Pineline Comore	otion	P. O. Box 900. Dallas	Texas 75221 foved copy of this form is to be sent)		
Mobil Pipeline Corpore	isinghead Gas or Dry Gas	Address (Give address to which app	foved copy of this form is to be sent)		
	Unit Sec. Twp. F.ge.	Is gas actually connected?	Vhen		
If well produces oil or liquids, give location of tanks.		1			
	F 27 9S 36E	No			
	ith 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 Complete	ion - (X)	1 1 1			
Designate Type of Compress	X	X Total Depth	P.B.T.D.		
· ·	Date Compl. Ready to Prod.	†			
7_25_72	10-11-72 Name of Producing Formation	11,943' Top Oil/Gas Pay	11,924'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
<b>,</b>	Devonian		11,849! Depth Casing Shoe		
4030 Gr Perforations	Devolitan		Depth Casing Shoe		
			11.943'		
11,902' to 11,922' (1	JSPP) TURING CASING AND	CEMENTING RECORD			
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE					
15"	13-3/811	3331	300		
1214	13-3/8" 9-5/8" 7" liner	49541	730		
0.7/41	7" liner	4819' to 11,943'			
V TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow-		
OIL WELL	able for this de	eptit or de for fatt 24 nours,			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
		77			
10-5-72 Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Taudiu or rest			16/6417		
7 hours Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	16/64 <sup>17</sup>		
Actual Prod. During Test	į				
_189_BO	130		TSTM		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Table of the same and the same					
		011 00110==1	(ATION COMMISSION		
VI. CERTIFICATE OF COMPLIA	seeby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION		
			APPROVED 0CT 20 1972 . 19		
I hereby certify that the rules and					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Orig. Signed by			
above is true and complete to the	ne best of my knowledge and belief.	John Runyan			
<u> </u>	$\nearrow$	TITLE	TITLE Geologist		
$\sim$ 1/ $\sim$ /	· / -	il ·			
$A \supset V \setminus V$	100	This form is to be filed i	This form is to be filed in compliance with RULE 1104.		
4: Madne No	llu	If this is a request for all	lowable for a newly drilled or deepened		
Si	naturd)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
,		feats taken on the Mett IN MC	must be filled out completely for allow-		
General Superi	ntendent	All sections of this form	wells.		
( )	/	able on new and recompleted wells.			

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.

RECEIVED

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OIL CONSERVATION COMM. HOBBS, N. M.