NO. OF COPIES RECT				
DISTRIBUTIO				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OF				
Operator				
Mobil Prod	Mobil Producing Texa			

	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104					
[SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110					
	FILE	AND Effective 1-1-65					
	U.\$.G.\$.	AOTHORIZATION TO TRANSPORT OF AND TRANSPORTE GAS					
	LAND OFFICE						
	TRANSPORTER						
	GAS						
1	OPERATOR PRORATION OFFICE Operator Mobil Producing Texas & New Mexico Inc.						
1.							
		is a new hearto inc.					
	Address Plana Suita 2700 Houston TV 770/6						
	9 Greenway Plaza, Suite 2700, Houston, TX 77046						
	Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Other (Please explain) To change Operator name from Mobil Oil						
	Recompletion	Change in Transporter of: OII Dry Gas Corporation.					
		Casinghead Gas Conden	- 1 I	Date: 1-1-1980)			
	Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980)						
	If change of ownership give name						
	and address of previous owner						
TT	II. DESCRIPTION OF WELL AND LEASE						
***	Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.						
	Santa Fe Pacific	a Fe Pacific 10 Crossroads Devonian State, Federal or Fee Fee					
	Location						
	Unit letter P : 33	Feet From The South - Line	e and 990Feet From T	he East			
	Unit Letter F :;						
	Line of Section 22 T	ownship 9-S Range 36	5-E , NMPM, L	ea County			
Ш.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of O	11 or Condensate	Address (Give address to which approv				
	Mobil Pipe Line Compa	iny	P. O. Box 900, Dallas,	Texas 75221			
	Name of Authorized Transporter of C	asinghead Gas 🔯 or Dry Gas 🗔	Address (Give address to which approv	ed copy of this form is to be sent)			
	Warren Petroleum Comp		P. O. Box 1589, Tulsa,				
	If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	{			
	give location of tanks.	M 23 9-S 36-E	Yes	March 20, 1973			
	If this production is commingled w	with that from any other lease or pool,	give commingling order number:	•			
IV.	COMPLETION DATA			LDL Control Control			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Complet		1	1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
				Depth Casing Shoe			
	Perforations			Depth Cushid since			
	THE WAS CASING AND CENENTING RECORD						
	TUBING, CASING, AND CEMENTING RECORD CASING A TUBING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT			SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEF IN SET				
		TOP ALLOWARIE (Transmission	free sections of total volume of load oil	and must be equal to or exceed too allow-			
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (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)						
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Date : Net item on item to						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil - Bbla.	Water - Bbis.	Gas - MCF			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
				Chaha Stas			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
			<u> </u>				
VI.	CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION			
DEC 5 19/9							
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED Orig. Sag. 19					
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		T - Courton				
			Dist 1. Supv.				
			Dist 1. Supv.				
This form is to be filed in complia			compliance with RULE 1104.				
	If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111. Authorized Agent		bensessed to bellish viwer a see allen				
			at be filled out completely for allow-				
	Adelio112	Ticle)	shie on new and recompleted Weils.				
	October 31, 1979 (Date)		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				