

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
Mobil Oil Corporation
Address
P. O. Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
 Recompletion ☐ Casinghead Gas ☒ Condensate ☐
 Change in Ownership ☐ Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Pacific	Well No. 11	Pool Name, including Formation Crossroads Devonian	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>380</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>9-S</u> Range <u>36-E</u> , NMPM, Lea County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>23</u> Twp. <u>9-S</u> Rge. <u>36-E</u>	Is gas actually connected? Yes	When March 20, 1973

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevation (D.F., R.A.B., R.T., G.R., etc.)	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.


Authorized Agent
March 15, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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 casinghead gas or well name or number, or transporter, or other such thing of concern.

Separate Forms C-104 must be filed for each part in multiple completed wells.