

SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PROPRATION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OIL C-104 and C-105
Effective 1-1-65

I. Operator
Mobil Oil Corporation
Address
Box 633, Midland, Texas 79701
Reason(s) for Filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other: **CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12/8/72
UNLESS AN EXCEPTION TO R-407
IS OBTAINED.**

If change of ownership give name and address of previous owner _____

II. 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 D : 990 Feet From The North Line and 380 Feet From The West
Line of Section 26 Township 9-S Range 36-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
Box 900, Dallas Texas 75221
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit M Sec. 23 Twp. 9 Rge. 36 Is gas actually connected? _____ When _____

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 Res'tv. _____ Diff. Res'tv. _____
Date Spudded 7-31-72 Date Compl. Ready to Prod. 10-5-72 Total Depth 12117 P.B.T.D. _____
Elevations (DF, RKE, RT, GR, etc.) _____ Name of Producing Formation Devonian Top Oil/Gas Pay 12098 Tubing Depth 12088
Perforations Open Hole Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2 13 3/8 380 400
12 1/4 9 5/8 5000 2000
8 3/4 7 Liner { 12096 } 1550
TOP-4785

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 10-8-72 Date of Test 10-11-72 Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 24 Tubing Pressure 400 # Casing Pressure Packer Choke Size 15/64
Actual Prod. During Test 560 Oil-Bbls. 560 Water-Bbls. 50 Lead water Gas-MCF 757M

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 _____

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.
Camilla (Signature)
Authorized Agent (Title)
10-12-72 (Date)
OIL CONSERVATION COMMISSION
APPROVED OCT 16 1972 19 _____
BY [Signature]
TITLE SUPERVISOR DISTRICT I
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 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.