

AUTOMATIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

Operator
Mobil Oil Corporation

Address
P. O. Box 633, Midland, Texas 79701

Keaton's! for in ing, (he: a proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐ Dry Gas ☐
Change in Ownership	☐	Coalbed Gas	☒ Condensate ☐

Other (Please explain)

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

DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Pacific	Well No. 12	Well Name, including Formation Crossroads Devonian	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>L</u> ; <u>330</u> Feet From The <u>West</u> Line and <u>2310</u> Feet From The <u>South</u>					
Line of Section <u>26</u> Township <u>9-S</u> Range <u>36-E</u> , NMPM, Lea County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Drill. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (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

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.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

(Signature)

(title)

(1) 312

OIL CONSERVATION COMMISSION

MAR 21 1973

APPROVED _____, 19 _____

BY _____

TITLE Dist. 1, Supv

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 reconstructed walls.

Fill out only Sections I, II, III, and VI for changes of name, wall, name or number, or transporter, or other such change of data.

Separate Forms C-104 must be filed for each pool in multiple