

SALEABLE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-105
Effective 1-1-65

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 (Please explain) 12/1/73

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name NEW MEXICO "B" Well No. 9 Pool Name, Including Formation MESCALERO DEVONIAN Kind of Lease STATE Lease No. E1311
Location
Unit Letter B : 940 Feet From The NORTH Line and 1510 Feet From The EAST
Line of Section 27 Township 10-S Range 32-E, NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
TEXAS, NEW MEXICO PIPELINE CO. Address (Give address to which approved copy of this form is to be sent) PO. BOX 1510, MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
NONE 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 NE/4 Sec. 27 Twp. 10-S Rge. 32-E Is gas actually connected? NO When

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 X Gas Well New Well X Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 8-11-73 Date Compl. Ready to Prod. 10-1-73 Total Depth 9920 P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 4289 GR. Name of Producing Formation DEVONIAN Top Oil/Gas Pay 9840 Tubing Depth 6009
Perforations 9840-9860 1-JSPF TOTAL OF 20 HOLES Depth Casing Shoe 9919
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2 12 3/4 450 500x
11 8 5/8 4380 1700x
7 7/8 5 1/2 LINER 9919 550x

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)
Date First New Oil Run To Tanks 9-28-73 Date of Test 10-22-73 Producing Method (Flow, pump, gas lift, etc.) PUMPING
Length of Test 24 Tubing Pressure 40 # Casing Pressure 40 # Choke Size 2" TUB.
Actual Prod. During Test 310 Oil-Bbls. 310 Water-Bbls. 139 Gas-MCF TS, TM TO SMALL TO MEAST

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

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
10-23-73

OIL CONSERVATION COMMISSION
APPROVED
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 deviator 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 well name or number, or transporter, or oil or gas.
Separate Form O-104 must be filed for changes of well name or number.