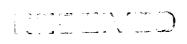
| i.c U1 | n |
|-------------|-----|
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| INANSFORTER | GAS |
| OBERATOR | |

NEW MEXICO COL CONSERVATION COMMISS

|) | SANTA FE | | FOR ALLOWABLE | Supersedes Old C-104 and C-110 Effective 1-1-65 |
|------|--|---|---|---|
| } | FILE | AUTHORIZATION TO TOA | AND | |
| i | U.S.G.S. | AUTHORIZATION TO TRA | NSPURT OIL AND NATURA | AL GAS |
| | OIL | · | | |
| | TRANSPORTER GAS | | | |
| | OPERATOR | | | |
| I. | PRORATION OFFICE | | | |
| | Roger C. Hanks | | | |
| | Address | | | |
| | 2000 Wilco Building, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) | | | |
| | New Well | Change in Transporter of: | Office (1 sease explain) | |
| | Recompletion | Oil Dry Gas | · 🔲 | |
| | Change in Ownership | Casinghead Gas Conden | sate | |
| | If change of ownership give name | | | |
| | and address of previous owner | <u> </u> | CONTRACTOR | · · · · · · · · · · · · · · · · · · · |
| II. | DESCRIPTION OF WELL AND I | FASE | | |
| | Lease Name | Well No. Pool Name, Including Fo | | Lease No. bederal or Fee Fed. NM 0328425 |
| | Nancy-Federal | 1 Undesignated | , Bough "C" black, I | Fed. NM p328423 |
| | <u>'</u> | OFeet From TheNorth _Line | e and 660 Feet F | rom The East |
| | Out Cetter | | | |
| | Line of Section 28 Tow | nship 8S Range | 36E , NMPM, ROO | sevelt County |
| 111 | DESIGNATION OF TRANSPORT | ER OF OU. AND NATURAL GA | S | |
| III. | Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which a | approved copy of this form is to be sent) |
| | Mobil Oil Corporation | on | P. O. Box 900, D | allas, Texas 75221 |
| | Name of Authorized Transporter of Cas | inghead Gas or Dry Gas | Address (Give address to which a | approved copy of this form is to be sent) |
| | | Unit Sec. Twp. Rge. | Is gas actually connected? | When |
| | If well produces oil or liquids, give location of tanks. | н 28 8s 36E | No | |
| | If this production is commingled with | h that from any other lease or pool, | give commingling order number: | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepe | |
| | Designate Type of Completio | | X | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | 5-28-70 | 6-28-70 | 9810' | Tubing Depth |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top 0:1/Gas Pay 9706! | 98091 |
| | 4091 GR | Bough "C" | 1 9/00 | Depth Casing Shoe |
| | 9706'-9725' 72 sho | ts. Wes-Jet Magnum | | |
| | | | CEMENTING RECORD | SACKS CEMENT |
| | 17 1/2" | casing a tubing size | 406' | 400 sx. |
| | 11" | 8 5/8" | 4106' | 350 sx. |
| | 7 7/8" | 5 1/2" | 9810' | 400 sx |
| | | | | |
| V. | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a able for this de | fter recovery of total volume of loa pth or be for full 24 hours) | d oil and must be equal to or exceed top allow- |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, | gas lift, etc.) |
| | 6-30-70 | 6-30-70 Tubing Pressure | Flowing Casing Pressure | Choke Size |
| | Length of Test | | Cosing Pressure | |
| | 24 hours Actual Prod. During Test | 130-240# | Water - Bbls. | 3 / 4 !! Gas-MCF |
| | 715 | 486 | 229 | Est. 225 |
| | | | | |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | Actual Prod. 1001-MCF/D | Longin of Total | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | | |
| VI | CERTIFICATE OF COMPLIAN | CE | OIL CONSE | RVATION COMMISSION |
| | | | APPROVED | |
| | 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. August Au | | TITLE IPERVISOR DISTRET This form is to be filed in compliance with RULE 1104. | |
| | | | | |
| | | | | |
| | | | | |
| | Days Haides Go | villedax Malled | 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 | |
| | (Sign) | owe, ator | i tests taken on the Well in accordance with Rule !!!. | |
| | Operator (Title) July 6, 1970 | | All sections of this form must be filled out completely for allowable on new and recompleted wells. | |
| | | | Ell out only Sections | I II III, and VI for changes of owner, |
| | | nte) | well name or number, or transporter, or other such change of condition. | |

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.



JUL7 1970

OFE CONSERVATION COMM.