NO. OF COPIES REC	EIVED	i	
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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65

	LAND OFFICE		THE STATE OF THE S				
	TRANSPORTER OIL	_					
	GAS	_					
	OPERATOR	4					
I.	PRORATION OFFICE						
	Jack Philli	ps					
	Address						
	Box 392 Gl	adewater, Texas 75647					
	Reason(s) for filing (Check proper box		Other (Please explain)	-			
	New Well	Change in Transporter of:	nageanty.co				
	Recompletion	Oil Dry G	as San	4/20/72			
	Change in Ownership	Casinghead Gas Conde	ensate				
,	If change of consensity since serve		14 C N				
	If change of ownership give name and address of previous owner						
		lee O	Meson - a a a a	A O While			
II.	DESCRIPTION OF WELL AND	Well No. Pool Name. Including F	Formation Kind of Leas	Doal 10/0/84			
		I Many Getes-	(1) - · · · · · · · · · · · · · · · · · ·	or Fee Federal 055564			
	Isler-Federa	al l Wildeat	7. 10-1	renerat 055504			
		O Feet From The North Li	ne and 660 Feet From				
	Unit Letter A ; DO	Feet From The NOT LIL	ne and 660 Feet From	The Bast			
	Line of Section 31 To	wnship QS Range	30E , NMPM, Chaves	County			
i			Ondves				
III.		TER OF OIL AND NATURAL G					
	Name of Authorized Transporter of Oi.	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)			
	Mobil 011 C Name of Authorized Transporter of Ca	orp-Truck	Box 900 Dallas, Texas				
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)			
		none Unit Sec. Twp. Rge.					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en			
	give location of tanks.	A 31 98 30E	no				
		ith that from any other lease or pool,	give commingling order number:	no			
3V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic		x				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	9/13/71	2/20/72	10,200	9445			
	Elevations (DF, RKB, RT, GR, etc.) 4041 DF	Name of Producing Formation	Top Oil/Gas Pay 7248	Tubing Depth 7240			
		Abo	7240				
	Perforations 7	248-7281		Depth Casing Shoe 9445			
				7777			
			D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	351	SACKS CEMENT			
	12	8 5/8	3467	375			
}	7 7/8	4 1/2	9445	750			
		-					
Į ¶V	TEST DATA AND PEGUEST F	OR ALLOWARIE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed ton olive-			
	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)						
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)			
	2/20/72	2/25/72	Flow	.			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24 Hours	50	Packer	3/8 Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.				
Į	98 bbls	95		30			
	CAG WEY						
г	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. 1851*MCF/D	Feudin or 148f	Salar Cormertagra, Missich	G. Liniy or Condensate			
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	control Memor (hence) annu hist						
₩.	CERTIFICATE OF COURT IAN	CF	OIL CONSERVA	TION COMMISSION			
VI.	CERTIFICATE OF COMPLIAN	CE	FEB 28	1977			
,	I hasabu gastifu that the sules and	regulations of the Oil Conservation	APPROVED TED PO	, 19			
	nereby certify that the rules and	inguistants of the Off Collective State		401 01/			

VI

Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.

Just Muika.	
(manata Signature)	
operator	
2/52 x/7 2-	

(Date)

SUPERVISOR DISTRICT 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 changes of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

FEB 20 1072 OIL CONSERVATION COMM. HOBES, N. M.