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SANTA FE			1	
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U.S.G.S.			Ĭ	
LAND OFFICE		i		
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PRORATION OF	FIC E	1		

Movember 23, 1966

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLAWARE OFFICE O. C. C	Supersedes Old C-104 and C-110 Effective 1-1-65	
U.2.G.S.	AND AUTHORIZATION TO TRANSPORT OF TAND NATURAL GAS			
LAND CFFICE	-	LOA SA 11 HT WA PA		
TRANSPORTER OIL SAS			×14	
DPEAATOR	- : - ↓			
PROPATION OFFICE				
Mobil Oil Corporation				
Address	i Tevas			
Recson(s) for filing (Check proper box	j.	Other (Please explain)		
New Wall	Change in Transporter of: Oil X Dry Ga			
Recompletion Change in Ownership	Casinghead Gas Conden	─		
If change of ownership give name				
and address of previous owner				
H. DESCUPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
Denton North Wolfcamp			or Fee Fee	
Losetian Fract 1	0 * 1	0010	Fact	
Unit Letter 0; 33	Feet From The South Lin	ne and 2310 Feet From T	he East	
Line of Section 25 To	wnship 14-S Range	37-E , NMPM,	Lea County	
TOTAL AND AN AR MRANCEDOR	men of ou and natural ga	6 21 12/		
III. DESIGNATION OF TRANSPOR	or Condensate	Address (Give daaress to which approve		
Service Plac Line Comp. Name of Authorized Transporter of Ca	any Amoro Pipeline Co.	3411 Knowville, Lubbock Address (Give address to which approv	ed copy of this form is to be sent)	
The Arlancic Reliaing		P. O. Box 354 Dallas.		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
give location of tanks.	1 26 14-S 37-E	···	1-1-66	
If this production is commingled will. COMPLETION DATA	ith that from any other lease or pool,		Plug Back Same Restv. Diff. Restv	
Designate Type of Completi	on - (X) Gas Well	New Well Workover Deepen		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Lievations (Dr., RRB, Rr, OR, Etc.)			D. d. Coulou Shap	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			<u> </u>	
The state of the s	TOP ATTOMARTE (Test must be a	after recovery of total volume of load oil o	and must be equal to or exceed top allow	
V. TEST DATA AND REQUEST FOR WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas lif		
Date First New Oil Run To Tanks	Date of Test	Producing Method (1 tow, pamp, 2-5 m)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actus, Pred, During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
Actual Modi Dalling 1930				
GAS WELL Actual Prog. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	. uning Pressure (Stut-In)	,		
VI. CENTIFICATE OF COMPLIAN	VCE	OIL CONSERVA	TION COMMISSION	
		APPROVED	, 19	
	regulations of the Oil Conservation with and that the information given	1 11		
above is true and complete to t	he best of my knowledge and belief.	TITLE		
	1	This form is to be filed in	compliance with RULE 1104.	
170	think	If this is a request for allow	vable for a newly drilled or deepend	
i	inature)	tasts taken on the Well in accou	Called MILL MOFF	
Authorized Agent	() Title)	All sections of this form mu able on new and recompleted we	est be filled out completely for allowed by the state of	

able 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.