.u. u. copies sect	IVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	l	
OPERATOR			
		1	

Authorized

February 2, 1973

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

ł	FILE		KEGOLOTT	AND	Effective 1-1-65			
ŀ	U.S.G.S.	\neg	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS			
}	LAND OFFICE		AUTHORIZATION TO TRAIN					
	OIL							
- [TRANSPORTER GAS							
				•				
1	OPERATOR							
1.	Operator							
	·							
	Mobil Oil Corpora	t·1 on.						
	Address			Let				
	Box 633, Midland,	Texas	79701					
	Reason(s) for filing (Check pr	oper box)		Other (Please explain)				
	New Well		Change in Transporter of:		•			
	Recompletion X		Oil Dry Gas	닐	•			
	Change in Ownership		Casinghead Gas Condens	ate				
	If change of ownership give name							
	and address of previous own	ner						
	PERCENTAGE AF WELL	ANDT	FASE					
11.	DESCRIPTION OF WELL	th	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.			
			5 Denton-Wolfcam	Come Cadana	or Fee Fee			
	Wolfcamp Unit Tra	.66 .65	J Dencon-worream	·P	1			
	Location		NO NY 4-Te	000	East			
	Unit Letter A	99	Poet From The North Line	and 990 Feet From 1	The Dasc			
	Line of Section 26	Tow	nship 14-S Range.	37-E , NMPM, Lea	County			
111	DESIGNATION OF TRA	NSPORT	ER OF OIL AND NATURAL GAS	3				
	Name of Authorized Transpor	ter of Oil	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent;			
	* See Attachment							
	Name of Authorized Transpor	ter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro-	ed copy of this form is to be sent)			
	,			500 West Illinois, Mid	land. Texas 79701			
	Tipperary Resource		Unit Sec. Twp. P.ge.	Is gas actually connected? Who				
	If well produces oil or liquids	3,		Yes	12-8-72			
	give location of tanks.		J 26 14-S 37-E		\			
	If this production is commit	ngled wit	h that from any other lease or pool, a	give commingling order number:				
IV.	COMPLETION DATA			New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
			0	New Well Worksver Deepen	1			
	Designate Type of Co			<u> </u>	X X X			
	Date Soxdersk W.O. Sta	rted	Date Compl. Ready to Prod.	Total Depth	1			
	11-21-72		12-12-72	12,652	9980			
	Elevations (DF, RKB, RT, G	R. etc.;	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	3813 GR	,	Wolfcamp	9294	9216			
			102200-		Depth Casing Shoe			
	9422-40, 9446-9450, 9294-9322 - Total of 53 Holes 12,652							
	9422-40, 9446-5	7430,	TURING CASING AND	CEMENTING RECORD				
			CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE				350 sx.			
	17-1/4"		13-3/8	319	2350 sx.			
	12-1/4"		9-5/8	4768	750 sx.			
	8-3/4"		77	12652	150 32.			
			2-7/8"		<u>i</u>			
The AND DECREES FOR ALLOWARIE. (Test must be after recovery of total volume of load oil and must be equal to or exceed to								
able for this depth or be for full 24 hours)								
	Date First New Oil Run To	Tanks	Date of Test	Producing Method (Flow, pump, gas l	ist, etc.)			
	12-8-72		1-31-72	Pumping				
	Length of Test		Tubing Pressure	Casing Pressure	Choke Size			
					2-7/8" Tubing			
	24 Hrs.		Oil-Bbls.	Water-Bbis.	Gas-MCF			
	Actual Prod. During Test			49	TSTM			
			53					
	GAS WELL			Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D		Length of Test	BBIS. Condensate/MMCF	3.2, 4. 3			
	Testing Method (pitot, back	pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
OIL CONSERVATION COMMISSION								
VI. CERTIFICATE OF COMPLIANCE					() 1. * 7 %			
					, 19			
a a series at a series and regulations of the Oil Conservation			regulations of the Oil Conservation	1 \ / \ \ 2 \ \ \ \ 1	BY THE			
	Commission have been complied with and that the streetment button it							
above is true and complete to the best of my knowledge the best				1/000 /15	The Marine of the			
				TITLE	TITLE DU LA COMPANIA			
	(Signature)			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens				
				II to able from must be accome	to the form which be accompanied by a tabulation of the device.			
				tests taken on the well in accordance with RULE 111.				

b tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for silowable 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 watter

* NAME OF AUTHORIZED TRANSPORTER OF OIL:

Shell Pipe Line Corporation Mobil Pipe Line Company Amoco Pipeline Company Box 1910, Midland, Texas 79701 Box 900, Dallas, Texas P. O. Box 1979, Tulsa, Oklahoma