U. T. POPIES RECE	IVED	 		1-
DISTRIBUTO	אכ			E
SANTA FE				
FILE				
U.S.G.S.				AUTHORIZ
LAND OFFICE				
TRANSPORTER	OIL			
HARSTONIEN	GAS			
OPERATOR				
PRORATION OF	FICE			
Operator Mobil Oil (Corpo	rati	on	
P. O. Box 6	533,	Midl	and	, Texas 7970
Reason(s) for filing New Well	(Check	proper		Change in Tra
Recompletion			:	Oil
I	p[_]			Casinghead Go

(Title)

(Date)

May 15, 1970

W MEXICO OIL CONSERVATION COMMISSI REQUEST FOR ALLOWABLE

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

FILE				AND			Effec	ctive 1-1-65			
U.S.G.S.			AUTHORIZATION TO TRAI	NSPORT OI	L AND N	IATURAL GA	15				
LAND OFFICE											
TRANSPORTER GAS											
OPERATOR				,				•			
PRORATION OFFICE											
Mobil Oil Corpor	atio	on									
Address											
P. O. Box 633, M						·					
Reason(s) for Isling (Check p	roper l	box)		Oth	er (Please	explain)	,				
New Well			Change in Transporter of:	<u></u>							
Recompletion	· • • •		Oil Dry Gas	— 							
Change in Ownership			Casinghead Gas X Conden	sate							
If change of ownership give and address of previous ow		e									
. DESCRIPTION OF WEL	L AN	iD I	LEASE								
LeDenton North Wo	fcar	mp	Well No. Pool Name, Including Fo			Kind of Lease		Lease No.			
Unit Tr. 6			8 Denton Wolfcar	np		State, Federal	or ree	ee			
Location		ccr	South	76	:n		. West				
Unit Letter M	. ;	660		ana		Feet From Ti	he MC3C				
Line of Section 26		Tow	mship 14-S Range	37-E	, NMPM	<u>Lea</u>		County			
DESIGNATION OF TRA	NSPO	ORT	TER OF OIL AND NATURAL GA	S							
Name of Authorized Transpo	rter of	011	or Condensate	Address (Giv	e address i	o which approve	ed copy of thi	is form is to be sent)			
* See Attachment	t of	Cas	inghead Gas V or Dry Gas	Address (Giv	e address	o which approve	ed copy of thi	is form is to be sent)			
i			**			ois, Midl		_ i			
Tipperary Resou		<u> </u>	Unit Sec. Twp. P.ge.	Is gas actual				<u>us 73701</u>			
If well produces oil or liquid give location of tanks.	is,		J 26 14-S 37-E	Yes	<u> </u>	Ma	y 1, 197	0			
	ingled	wit	h that from any other lease or pool,	give comming	gling order	number:		·			
COMPLETION DATA			Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. Diff. Restv.			
Designate Type of C	omple	etio	on — (X)	! !		. I	<u> </u>				
Date Spudded		-	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, C	R, etc	ز.:	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				<u></u>			Depth Casin	ng Shoe			
				CENENTIN	C DECOR						
			TUBING, CASING, AND	1	DEPTH S		SA	ACKS CEMENT			
HOLE SIZE			CASING & TUBING SIZE	 	DEFINS	<u>- ' </u>					
. TEST DATA AND REQ	UEST	rF	OR ALLOWABLE (Test must be a	fter recovery o	f total volu	ime of load oil o	ind must be e	qual to or exceed top allow-			
OIL WELL			able for this de	pth or be for f	ull 24 hour.	*)					
Date First New Oil Run To	Tanks		Date of Test	Producing M	ethod (Flot	v, pump, gas lif	i, <i>eicij</i>	1			
Length of Test			Tubing Pressure	Casing Pres	ame		Choke Size				
			Out Phile	Water - Bbls.			Gas-MCF				
Actual Prod. During Test			Oil-Bbls.	water - Bbts.							
GAS WELL				DVI - C .		-	Gravity of (Condensate			
Actual Prod. Test-MCF/D			Length of Test	Bbls. Conde	insate/MMC	· r	Gravity of				
Testing Method (pitot, back	pr.)		Tubing Pressure (Shut-in)	Casing Pres	swe (Shu	:-in)	Choke Size				
I OPPOWER AND AN CO.	WDI:	A 3-1-	<u> </u>	1	OIL	CONSERVA	TION CO	MMISSION			
I. CERTIFICATE OF CO	MELI	/Film	OL .				UN 22	1970			
I hereby certify that the r	ules s	and i	regulations of the Oil Conservation	APPROV	ED	1/	A-	 , 13 —			
Camminalan base been c	amalia	ad v	with and that the information given a best of my knowledge and belief.	BY	X		\				
	,	\sim		TITLE_		· · · · · · · · · · · · · · · · · · ·	DISTINCT	<u> </u>			
1 ()			/ <u>]</u>	11 7		-		with RULE 1104.			
L I hn.	c^{\wedge}	1/	îmal				while for a r	namiv drilled or deepened			
	- h	Sign	ature)	11		-	SIBO DV B I	PURITION OF THE GALLERY			
Authoriz	Authorized Agent				well, this form must be accompanied by tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow						

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.

Separate Forms C-104 must be filed for each pool in multiply completed malle.

RECEIVED

JUN 18 1970

OL CONSCIENCES, N. IA.

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* 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