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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

HOBBS OFFICE O. C. C.
JAN 5 10 09 AM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Secony Mobil Oil Company, Inc.	
Address P. O. Box 1800, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Old Name: T. D. Pope #13	
If change of ownership give name and address of previous owner Sinclair Oil & Gas Company, Box 1470, Midland, Texas	

Lease Name Denton North Wolfcamp Unit Tract 7		Well No. 13	Pool Name, including Formation Denton Wolfcamp	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter C ; 1650 Feet From The West Line and 510 Feet From The North Line of Section 36 , Township 14-S Range 37-E , NMPM, Lea County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Service Pipe Line Company		Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville, Lubbock, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Atlantic Refining Company		Address (Give address to which approved copy of this form is to be sent) Box 1610, Midland, Texas			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 36	Twp. 14-S	Rge. 37-E	Is gas actually connected? When Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE 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. E. J. Kannon (Signature) Group Supervisor (Title) December 30, 1965 (Date)	OIL CONSERVATION COMMISSION APPROVED _____, 19_____ BY _____ 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 Sections I, II, III, and VI only 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.
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