NO. OF COPIES REC	EIVED	!	
DISTRIBUTION		i	
SANTA FE	Î		
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	I	
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMIT

Form C-104

ŀ	FILE	KEQUESI	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
	U.S.G.S.		AND	
-	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS
ŀ	OIL			
	TRANSPORTER GAS			
		\dashv		
	OPERATOR	_		•
1.	PRORATION OFFICE Operator			
Ì	•	. •	ı	
-	Mobil Oil Cor	poration		
				•
- }	Reason(s) for filing (Check proper b	Plaza, Suite 2700, Hous	ton, Texas 77046 Other (Please explain)	
	New Well	Change in Transporter of:	Other (Flease explain)	
	Ħ			
	Recompletion	Oil Dry G		GAS MUST NOT BE
	Change in Ownership	Casinghead Gas Conde	UASING UASING A DOME	TD 10-1-78
	If change of ownership give name	THIS WILL SHILL PLACED IN T	FLARED APT	EXCEPTION TO B-4079
	and address of previous owner	DESIGNATED BELOW, IF YOU DO H	A CONTRACTOR AND A STATE OF THE ASSESSMENT AND A STATE OF THE ASSESSMENT AND A STATE OF THE ASSESSMENT ASSESSM	
		MOSES SHIP OFFICE	IS CETAINED	•
И.,	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	Formation 2 (~C2) Kind of Lease	Lease No.
			V-73.29	l or Fee
	State"AE"	1 Kemmitz U. Wo	olfcamp, So.	State L6-3684
	Location			
	Unit Letter K ; 2	050 Feet From The South Li	ne and 2052 Feet From '	The West
į	Line of Section 33 T	ownship 16S Range	34E , NMPM, Le	ea County
Π.,	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS	de la constantia della constantia della constantia della constantia della constantia della constantia della
	Name of Authorized Transporter of C		Address (Give address to which appro-	
i	Mobil Oil Corp.	(Trucks)	Box 900, Dallas, TX 7	
[asinghead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent;
l	vénted			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Who	en
	give location of tanks.	K 33 16S 34E	No	
1	f this production is commingled v	with that from any other lease or pool,	give commingling order number:	·
	COMPLETION DATA			
	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
l			X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	12/21/77	6/23/78	13,400	11055
	Elevations (DF, RKB, RT, GR, etc.)	j	Top Oli/Gas Pay	Tubing Depth
	4076 GR	Kemnitz U. Wolfcamp, S	Sφ. 10174	
ſ	Perforations			Depth Casing Shoe
	10,174 - 10,7			4850
ſ		TUBING, CASING, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Γ	17-1/2	12-3/4	370	450 x
Ī	11	8-5/8	4850	2500 x
Ī	7–7/8	5-1/2	13398	2200 x
	5-1/2	2-7/8	10549	<u> </u>
v	TEST DATA AND REQUEST		after recovery of total volume of load oil	and must be equal to or exceed top allor
	OIL WELL	able for this d	epth or be for full 24 hours)	
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ts, etc.)
	6/23/78	7/13/78	Pump	
t	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
1	24			2"
t	Actual Prod. During Test	Oil-Bbls.	Water-Sbis.	Gas-MCF
		35	71	151
'-				
	GAS WELL			
Γ	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
L	TERMINICATE OF COURT 141	CF	OIL CONSERVA	TION COMMISSION
1. (CERTIFICATE OF COMPLIA	ICL		11348
			APPROXED AUG	19
I	hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	1,	10x / 1/2-
("OHHUTEBION DEAE DEEN COMPITED	a hast of my knowledge and helief.	11 X PN/1/1 X /	1111 1 80V

VI.

above is true and complete to the best of my knowledg

Dergener Linard	
(Signature)	
Authorized Agent	
(Title)	
Tully 27 1978	

(Saie)

WILE SUPERVISOR DISTRICT !

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

RECEIVE

AUG 71978

GIL CONSCIEVATION COMM.