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| SANTA FE          |       |  |
| FILE              |       |  |
| U.S.G.S.          |       |  |
| LAND OFFICE       |       |  |
| TRANSPORTER       | OIL   |  |
|                   | GAS   |  |
| OPERATOR          |       |  |

February 11, 1971 (Date)

110

| SANTA FE<br>FILE  | NEW MEXICO O                            | IL CONSERVATION COMMISSION   | Form C-104 Supersedes Old C-104 and C         |
|---|---|--|---|
| U.S.G.S.  | AUTHODITATION                           | AND  | Effective 1-1-65                              |
| LAND OFFICE   | AUTHORIZATION TO                        | TRANSPORT OIL AND NATUR  | PAL GAS                                       |
| TRANSPORTER OIL   |   |  |   |
| GAS   |   |  |   |
| OPERATOR  |   |  |   |
| PRORATION OFFICE  |   |  |   |
| Cperator  |   |  |   |
| Amini Oil Corpora                                       | tion                                    |  |   |
|   |   |  |   |
| 400 Wall Towers   | West- Midland,                          | Texas 79701  |   |
| Reason(s) for filing (Check prop                        |   | Other of ledge treated   | GAS MUST NOT US                               |
|   | Change in Transporter of:               | <ul> <li>된 600 전화 설명 등 1 등</li> </ul>                                      |   |
| Recompletion  |   | y Gas 🔲 UNITES 🚫 🗓   | LUFFERON TO 11 1000                           |
| Change in Ownership                                     | Casinghead Gas Co                       | ondensate SOBTRINED.   | 201 1014 10 D-1019                            |
| If change of ownership give no                          | ame                                     |  |   |
| and address of previous owner                           | <u> </u>                                | ACCUPATION THE WAY   |   |
| II DESCRIPTION OF WELL                                  | ••••                                    |  |   |
| II. DESCRIPTION OF WELL A                               | 111 13 14                               | -  |   |
| Marathon - State  | To The Table                            | AGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG                                     | Lease No.                                     |
| Location - State  | l Vacuum Abo                            | , North K-4132 State, F.   | ederal or Fee State B 2244                    |
| Unit Letter D ;   |   |  |   |
| ;;_   | 860 Feet From The North                 | Line and 660 Feet F  | rom The West                                  |
| Line of Section 12                                      | Township 17-S Bange                     | 2.4 🗜  |   |
|   | Township 17-5 Range                     | 34-E , NMPM,   | Lea County                                    |
| III. DESIGNATION OF TRANSI                              | PORTER OF OIL AND NATURAL               | CAS  |   |
| Name of Authorized Transporter                          | of Oil A or Condensate                  |  |   |
| Mobil Oil Corporation                                   |   |  | pproved copy of this form is to be sent)      |
| Mobil Oil Corporation Name of Authorized Transporter of | TITUCK) or Dry Gas (X) or Dry Gas (T)   | P.O. Box 633, Mic  | dland, Texas 79701                            |
| Phillips Petroleum C                                    |   | 1  | pproved copy of this form is to be sent)      |
| If well produces oil or liquids,                        | Unit Sec. Twp. Rge.                     | Bartlesville, Oklah  |   |
| give location of tanks.                                 | D 12 17-S 34-                           | T .  | When  |
| If this production is commingle                         |   |  | As soon as possible.                          |
| IV. COMPLETION DATA                                     | d with that from any other lease or poo | ol, give commingling order number:   |   |
|   | Oli Well Gas Well                       | New Well Workover Deepen   | Div Park I C                                  |
| Designate Type of Comp                                  | $\frac{\text{letion} - (X)}{X}$         | Deapen   | Plug Back   Same Res'v.   Diff. Res'v         |
| Date Spudded  | Date Compl. Ready to Prod.              | Total Depth  | D.B. W.D.                                     |
| 12-5-70   | 2-6-71                                  | 8680   | P.B.T.D.                                      |
| Elevations (DF, RKB, RT, GR, et                         | c.) Name of Producing Formation         | Top Cil/Gas Pay  |   |
| <u>4037 GR</u>  | Vacuum Abo, North                       |  | Tubing Depth                                  |
| Perforations  | 1,202 am 11,007 NOTE                    | 8559'  | 85.86<br>Depth Casing Shoe                    |
| 8559', 60,61,83,8                                       | 37,88,89,90,91,92,93,94                 | 0601 02 02   |   |
|   | TUBING, CASING A                        | ND CEMENTING RECORD  | 8680  |
| HOLE SIZE   | CASING & TUBING SIZE                    |  |   |
| 12-1/4"   | 8-5/8                                   | 1672   | SACKS CEMENT                                  |
| 7-7/8"  | 5-1/2                                   | 8694   | 1100 sacks                                    |
|   | 2-3/8 tubing                            | 8586   | 1700 sacks                                    |
|   | 2 370 1101110                           | 0300   |   |
| V. TEST DATA AND REQUEST                                | FOR ALLOWARIE                           |  |   |
| OIL WELL  | able for this                           | after recovery of total volume of load (<br>depth or be for full 24 hours) | oil and must be equal to or exceed top allow- |
| Date First New Oil Run To Tanks                         | Date of Test                            | Producing Method (Flow, pump, gas  |   |
| 2-10-71   | 2-11-71                                 |  |   |
| Length of Test  | Tubing Pressure                         | Casing Pressure  | x16'x20' Sargent RHBC                         |
| 24 hrs.   | 30#                                     | 30#  | Chore Size                                    |
| Actual Prod. During Test                                | Oil-Bbls.                               | Water-Bbla.  | Gae - MCF                                     |
| <u></u>   | 150                                     | -0-  |   |
|   |   |  | 128   |
| GAS WELL  |   |  |   |
| Actual Prod. Test-MCF/D                                 | Length of Test                          | Bbls. Condensate/MMCF  | C   |
|   |   |  | Gravity of Condensate                         |
| Testing Method (pitot, back pr.)                        | Tubing Pressure (Shut-in)               | Casing Pressure (Shut-in)  | Choke Size                                    |
|   |   | ,                                    | Chore Size                                    |
| I. CERTIFICATE OF COMPLIA                               | ANCE                                    | 011 00110  |   |
|   | <del></del>                             | OIL CONSERV  | ATION COMMISSION                              |
| I hereby certify that the rules ar                      | nd regulations of the Oil Conservation  | APPROVED   | 10:11   |
| Commission have been complian                           | d with and that the information         |  | , 19  |
| above is true and complete to                           | the best of my knowledge and belief.    | BY THE   | X/  |
|   | )                                       | TITLE property   |   |
|   | //                                      |  |   |
| Jana Vi   | Haya Kath                               |  | compliance with RULE 1104.                    |
| - X JUNEA CLE   | gnature)                                | If this is a request for alle  | owable for a newly drilled or despend         |
| Agent   | grows are to                            | well, this form must be accomp<br>tests taken on the well in acc           | panied by a tabulation of the deviction       |
|   | Title)                                  |  | ordance with RULE 111.                        |
| (   | 1 ****/                                 | TI THE TOTAL OF THE TOTAL IN   | na inter out combietely lot 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 the such change of condition.

(10107)

FE3 121971
OIL 001/SEDIATION COVAN.