NO. OF COPIES RECEIVED	1			
DISTRIBUTION		CONSERVATION COUNTS 4	Form C -104	
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old			
FILE		AND	Effective L-1-65	
U.S.G.S.		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	- AUTHORIZATION TO TR	CANSPORT UIL AND NATURAL	GAS	
OIL				
TRANSPORTER		•		
GAS				
OPERATOR				
PRORATION OFFICE				
Operator				
Mobil Oil Corpo		·		
Address Three Greenway	Plaza East - Suite 800 -	- Houston, TX 77046		
Reason(s) for filing (Check proper bi		Other (Please explain)		
	Change in Transporter of:			
New Well				
Recompletion				
Change in Ownership	Casinghead Gas Con	densate		
If change of ownership give name and address of previous owner DESCRIPTION OF WELL ANI				
Lease Name	Well No. Pool Name, Incluting	Formation Kind of Lea		
State XX Com.	$1 / Vacuum_A Mo$	rrow Gas State, Feder	rai or Fee State E1251	
Location T	60 Feet From The East	1980 Feet From	South	
Unit Letter ;	Feet From The	Line and Feet r for	1 ine	
Line of Section 7	Township 17-S Range	34-Е , ммрм, Lo	ea County	
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL	GAS	routd copy of this form is to be sent)	
Name of Authorized Transporter of (Box 633 Midland,		
Mobil Oil Truck			roved copy of this form is to be sent)	
Name of Authorized Transporter of (Casinghead Gas or Dry Gas		oved copy of this form is to be sent?	
None laythe	" Matural Sac Ce			
	Unit Sec. Twp. P.ge.	Is gas actually connected?	lhen	
If well produces oil or liquids, give location of tanks.		NO		
	with that from any other lease or poo	ol give commingling order number:	· · · · · ·	
If this production is commingled . COMPLETION DATA	with that from any other peace of pe-			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dlif. Res'v	
Designate Type of Comple	tion = (X) i X	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	4-23-77	13,470	13,422	
1-7-77		Top Oll/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.	·		12,286	
4105 GR	Morrow		Depth Casing Shoe	
Perforations				
13.300-307. 13	,354-361, 13,365-373		4850	
	TUBING, CASING, /	AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
1712	12-3/4	350	500	
	8-5/8	4,850	2,200	
1712	2-1/2	12,286		
17½	<u> </u>			
L			il and must be equal to or exceed top allow	
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must b	ie after recovery of total volume of load o s depth or be jor full 24 hours)	server must be educe to be exceed tob pro-	
OIL WELL		Producing Method (Flow, pump, gas	lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	• • • • • • • • • • • • • • • • • • •		
		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure			
			Gas-MCF	
Actual Prod. During Test	Oll-Bbls.	Water-Bbls.		
			1	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D			50.6	
		36		
568	24 hours		Choke Size	
568 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
568 Testing Method (pitot, back pr.)	24 hours Tubing Pressure (Shut-in) 720	Casing Pressure (Shat-in)	12/64	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 720	Casing Pressure (Shat-in)		
568 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 720	Casing Pressure (Shat-in)	12/64	

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.

Dichard Inderson (Signature) Authorized Agent

(Title) 5-6-77

10/2 41 BY <u>F</u>y 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 sllow-able 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

(Date)

RECEIVED

MAY & 1976 OIL CLASERVAILON COMM. RODES, N. M.

FIELD NAME		COUNTY	LeaSTATENew_Mexico	
OPERATOR	Mobil Oil Corporation	ADDRESSPos	t Office Box 633, Midland, Texas	
LEASE NAME & NOState XX Comm Well No. 1				
Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Displacement (feet)	
350 714 976 1450 1950 2325 2515 2664 29.50 3235 3633 3925 4175 4494 4685 4830 5158 5475 5930 6080 6533 6810 7215 7682 7950 8330 8730 9040 9450 9844 10350 10675 10965 11300 11675 11930 12125 12440	$ \begin{array}{c} 1/4 \\ 0 \\ 1/4 \\ 1 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 3/4 \\ 1/2 \\ 3/4 \\ 1/2 \\ 3/4 \\ 1/2 \\ 3/4 \\ 1/2 \\ 3/4 \\ 1/2 \\ 3/4 \\ 1/2 \\ 3/4 \\ 1 \\ $	$ \begin{array}{c} 1.54\\ -0-\\ 1.15\\ 8.30\\ 17.45\\ 13.09\\ 6.63\\ 2.61\\ 2.52\\ 3.73\\ 5.21\\ 5.11\\ 3.28\\ 4.18\\ 2.50\\ 1.28\\ 4.30\\ 2.79\\ 4.00\\ 1.97\\ 3.99\\ 4.85\\ 3.56\\ 6.12\\ 2.36\\ 4.98\\ 7.00\\ 5.43\\ 7.18\\ 6.90\\ 13.26\\ 4.26\\ 5.08\\ 5.86\\ 4.91\\ 12.24\\ 8.50\\ 10.99\\ \end{array} $	1.54 1.54 2.69 10.99 28.44 41.53 48.16 50.77 53.29 57.02 62.23 67.34 70.62 74.80 77.30 78.58 82.88 85.67 91.64 95.63 100.48 104.04 110.16 112.52 117.50 124.50 129.93 137.11 144.01 157.27 161.53 166.61 172.47 177.38 189.62 198.12 209.11	
12750 13000 13428	1 1/4 1 3	6.76 4.38 <u>22.38</u> 242.63	215.87 220.25 242.63	

Certification of personal knowledge of the data and facts placed on this form and that such information given above is true and complete.

1

MARCUM DRILLING COMPANY

Marcum Marcum /Delton