HO. OF COPIES RECE	EIVED	1	-
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
INANSPORTER	GAS		
OPERATOR			

	DISTRIBUTION	-	N .			
	SANTA FE	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104		
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11		
		AND Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS		
	LAND OFFICE	4				
	IRANSPORTER OIL	4				
	GAS					
	OPERATOR					
I.	PRORATION OFFICE					
	Operator					
	Mobil Producing Texa	s & New Mexico Inc.				
	Address					
	9 Greenway Plaza, Suite 2700, Houston, TX 77046					
	Reason(s) for filing (Check proper box	:)	Other (Please explain)			
	New Well	Change in Transporter of:	To change Opera	ator name from Mobil Oil		
	Recompletion	Oil Dry Go	corporation.	Trong From Hobir Off		
	Change in Ownership	Casinghead Gas Conde		Pate: 1-1-1980)		
	<u> </u>		, , , , , , , , , , , , , , , , , , , ,	2 2dec. 1 1-1900)		
	If change of ownership give name and address of previous owner					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	IFASE				
	Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas			
	State "G"		rayburg S. A. State, Federa	Fedse '40.		
	Location	- vacadiii o	raybdig 5. A. stee, tee.	or Fee State B-1106		
	В 330	North	2310	- ·		
	Unit Letter :;	Feet From The North Lir	ne and 2310 Feet From	TheEast		
	24	17-5	2/ E			
	Line of Section 24 To	wnship 17-S Range	34-Е , мирм,	Lea County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Oil	XX or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)		
	Mobil Pipeline Co		Box 900 Dallas, TX 752	221		
	Name of Authorized Transporter of Ca	singhead GasXX or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)		
	Phillips Petroleum Co		Frank Phillips Bldg, Ba	rtlesville, OK 74004		
	If well produces oil or liquids,	Unit Sec. Twp. Pge.	is gas actually connected? Who			
	give location of tanks.	NE/4 24 17-S 34-E	:			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number	D 2611		
	COMPLETION DATA	the that from any other freuse of poor,	give comminging order number:	R-3611		
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on - (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	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		
	11022 0132	Oxemo di regime sizz	567 (N 361	SACKS CEMENT		
						
		1		+		
				<u> </u>		
V.	TEST DATA AND REQUEST F		fter recovery of total volume of load oil: tpth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	6		
	Date First New Oil Hun 10 I daks	Date of 100t	Producing Method (Ptow, pump, gas ii)	, etc.,		
		S transfer	2			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas-MCF		
i		<u> </u>	1			
	GAS WELL	T				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION-COMMISSION		
			ll DEC	51979 MMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		Orig. Signed by			
	Commission have been complied v	vith and that the information given	Orig. S	Signed by		
	above is true and complete to the best of my knowledge and belief.		BY Jerry Sexton			
		**.	TITLE Dist 1,	Supv.		
	_					
	Robbie Jacy (Signature)		11	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			
			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	Authorized		All sections of this form must be filled out completely for allow-			
	(Ti	(Title)		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.			
	October 31		Fill out only Sections I, II	, III, and VI for changes of owner,		
•		. 1979	well name or number, or transport	. III, and VI for changes of owner, er, or other such change of condition. the filed for each pool in multiply		