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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		

May 20, 1966 (Date)

EW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE

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

AND HORIZATION TO TRANSPORT OIL AND NATURAL CAS

	TRANSPORTER GAS				
	OPERATOR	_			
1.	PRORATION OFFICE				
	Mobil Oil Corporation,				
	Address				
	P. O. Box 633, Midland	l, Texas - 79701			
	Reason(s) for filing (Check proper box	:)	Other (Please expl	ain)	
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Go	ıs 🔲 /		
	Change in Ownership	Casinghead Gas Conde	nsate \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(1) 1/2 /1/1 /11	
	If change of ownership give name and address of previous owner	<u> </u>	<u> </u>	7-111, 1	
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	7/ 1//	of Lease No.	
	1 - T	+		Eedse No.	
Location 109 No. Abo. WC & Hopper Penn. State, Federal or Fee B-152					
	Unit Letter N ; 18	330 Feet From The West Lir	ne and 610 Fe	et From The South	
		17.0			
			34-Е , ммрм,	Lea County	
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		ch approved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca	singhead Gas 🔽 or Dry Gas 🗔	Address (Give address to whi	llas, Texas chapproved copy of this form is to be sent)	
	Phillips Petroleum Comp	any	Phillips Building		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	B 26 17-S 34-E	No	i	
	If this production is commingled win COMPLETION DATA	th that from any other lease or pool,	give commingling order num	ber: PC-100	
	Designate Type of Completic	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Restv. Diff. Restv.	
	·		X		
	Date Spudded 5:00 A.M.	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	1-19-66	5-2-66	12.470	10 276	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	4016 G.R.	Glorieta (6105-6043)	6105	6152	
	Perforations 6043, 45, 47,	49, 55, 61, 63, 82, 87,	97, and 6101 & 6105	Depth Casing Shoe	
w/1 JSP/F (Total 12 Holes)			CEMENTING RECORD	10,366	
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEM				SACKS CEMENT	
	17-1/2"	 		SACKS CEMENT	
		13-3/8"	365 '	350 Sax Incor. Neat-Cir	
	12-1/4"	9-5/8"	4980	3100 Sax Incor, Neat	
	8-3/4"	7" Liner	10,079'	500 Sax Inferno Neat;	
		<u> </u>	<u> </u>	725 Sax Trinity LightW	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of	load oil and must be equal to or exceed top allow-	
Oll. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, sas lift, etc.)				116	
			Producing Method (Flow, pum	p, gas tift, etc.)	
	May 2, 1966 Length of Test	5-23-66 Tubing Pressure	Pump		
	_ •		Casing Pressure	Choke Size	
	24 Hours Actual Prod. During Test	0# ○11-Bbls.	Odf	None	
	•		Water-Bbls.	Gas-MCF	
i	146	146	0	TSTM	
	GAS WELL				
	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 COMPLIANCE		OU CONS	SERVATION COMMISSION	
	CENTRE OF COMPLIANCE		OIL CONS	SERVATION COMMISSION	
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED 19		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
			BY	I me y	
			L <i>[</i> /		
			TITLE		
			This form is to be fi	led in compliance with RULE 1104.	
The Power (Signature)		If this is a request for allowable for a newly drilled or deepened			
-	T. A. Payne (Signature) Authorized Agent (Title)		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 i able on new and recompl	form must be filled out completely for allow-	
	·		ante ou new sur recombr	~,~~ ~~	

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 completed wells.