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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
**Mobil Oil Corporation**  
Address  
**Box 633, Midland, Texas**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

**UNDESIGNATED**  
Lease Name **State "C"** Well No. **4** Pool Name, including Formation **Vacuum North Abo** Kind of Lease **State** Lease No. **B-1106**  
Location  
Unit Letter **B** ; **660** Feet From The **North** Line and **1900** Feet From The **East**  
Line of Section **24** Township **17-S** Range **34-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Mobil Pipe Line Company** Address (Give address to which approved copy of this form is to be sent)  
**Box 900, Dallas, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Phillips Petroleum Company** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 2130, Hobbs, New Mexico**  
If well produces oil or liquids, give location of tanks. Unit **B** Sec. **24** Twp. **17-S** Rge. **34-E** Is gas actually connected? **No** When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Rest'y.	<input type="checkbox"/> Diff. Rest'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<b>6-26-67</b>	<b>8-21-67</b>		<b>10,401</b>		<b>9492</b>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<b>4016</b>	<b>Vacuum North Abo</b>		<b>8523</b>		<b>8453</b>			
Perforations		on JWR 60, 68, 8570		Depth Casing Shoe				
<b>8523, 24, 25, 26, 27, 28, 29, 34, 46, 47, 48, 49, 50, 56, 57, 58, 59, (Top Abo ± 8050 - rest)</b>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2</b>	<b>13-3/8" OD</b>		<b>336</b>		<b>350 sks incor neat + 2% NA</b>			
<b>12-1/4</b>	<b>9-5/8" OD</b>		<b>5000</b>		<b>2160 incor 6% gel + 100</b>			
					<b>sks incor neat</b>			
<b>8-3/4</b>	<b>7" OD</b>		<b>5608</b>		<b>900 sks incor neat</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>8-21-67</b>	<b>8-22-67</b>	<b>Flowing</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24</b>	<b>100</b>	<b>-</b>	<b>34/64"</b>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<b>336</b>	<b>-</b>	<b>166</b>

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

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.

**J. J. McDaniel**  
(Signature)  
**Authorized Agent**  
(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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 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 completed wells.