.O. O. CUPPES REC	EIVED	I	
DISTRIBUTE			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
THANS, ON ER	GAS		
OPERATOR			
		1 -	

NEW MEXICO OIL CONSERVATION COMMIS 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

	IRANSPORTER	OIL GAS	\vdash								
	OPERATOR	GA3	1								
I.	PRORATION OFF	ICE									
	Operator										
	Mobil Oil Corporation Address										
	P. 0.	P. O. Box 633, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)									
	Reason(s) for filing (Check proper	box)	TOTALIA TE	X8 19101		Other (Please	explain)			
	New Well			-	ansporter of:				•		
	Recompletion Change in Ownership	님		Oil	Dry	=					
	Change in Ownership			Casinghead (Jas Cond	ensate	<u> </u>				
	If change of ownersh and address of previ				···						
11.	DESCRIPTION OF	F WELL A	ND LE	ASE	North Jo		1:7:	80 00	y 2 2		
	Lease Name				ol Name, Including	Formation Kind of Lease			Lease No.		
		ges Stat	e	118	Undesignate	<u> </u>		State, Feder	al or Fee State	B-1520	
	Location F		2080		Wasshi	_	000				
	Unit Letter	i	1300	Feet From T	The North L	lne and	.980	Feet From	The West		
	Line of Section	26	Towns	nip 17-S	Range	34-E	, ММРМ,	Lea		County	
m.	DESIGNATION OF				ND NATURAL G						
	Name of Authorized T			-	ensate 🗀	1			oved copy of this form i	-	
	MOD11 Name of Authorized T	Pipe L	ine C	ompany head Gas (Y)	or Dry Gas	Box	Box 900 Dallas Texas Address (Give address to which approved copy of this form is to be sent)				
				m Company	, 444	i	2105, Ho			s to be sent;	
	If well produces oil o			nit Sec.	Twp. Rge.	Is gas a	tually connecte	d? Wh	nen		
	give location of tanks		<u> </u>	B 26	17-S 34-E	Ye	8	l 	7-21-70		
	If this production is		l with t	hat from any o	ther lease or pool	give com	ningling order	number:	PC-100	1	
1V.	COMPLETION DA			Oil W	/ell Gas Well	New Well	Workover	Deepen	Plug Back Same R	es'v. Diff. Res'v.	
	Designate Type	e of Compl	etion -	- (X)	x :	x	1	1		1	
	Date Spudded		Do	ite Compl. Read	y to Prod.	Total De	pth		P.B.T.D.	···· · · · · · · · · · · · · · · · ·	
	6-16-			7-20-		-	8,700		8,650		
	Elevations (DF, RKB, 4.030		.) No	ime of Producing	g Formation Lgnated	Top Oil/	8,485		Tubing Depth		
	Perforations			Olideo.	retranen		0,405		8,644 Depth Casing Shoe		
	8,485, 92, 96, 98, 8,501, 03, 08, 10, 21, 31, 37, 40, hh, 52										
	54, 50, 62 & 8,565 TUBING, CASING, AND			CEMENTING RECORD							
ŀ		12-1/4" 8-5/8" 7-7/8" 5-1/2"					1,630			1,300 sx Circ.	
ŀ					·1/2"	8,676			3.800		
									3,000		
Ĺ						<u>.i</u>			<u> </u>		
	TEST DATA AND OIL WELL	REQUEST	FOR	ALLOWABL			y of total volum or full 24 hours)		and must be equal to o	exceed top allow-	
Ī	Date First New Oil Ru	un To Tanks	Do	te of Test			Method (Flow,		ft, etc.)		
	7-15-70				21-70	Pump					
	Length of Test		Tu	bing Pressure		Casing Pressure			Choke Size		
-	Actual Prod. During T	'est	01	l - Bbis.		Water - Bbls.			2 st T		
	267				36 1	Bbls. acid	l vater	57.1			
'-			•	······································					*		
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate/									Town Ages		
	Actual Flour 1001-MC	5175		ndm or test		BDIB. CO	Menadie/MMCP		Gravity of Condensat	•	
Ī	Testing Method (pitot,	, back pr.)	Tu	bing Pressure (Shut-in)	Casing P	ressure (Shut-	in)	Choke Size		
VI 4	CERTIFICATE OF	COMPLIA	ANCE			1		ONSERVA	TION COMMISSION		
					/ \	UL 27	10.7A				
			es and regulations of the Oil Conservation			APPRO	APPROVED JULIA 1970, 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	BY Minis					
					THE SOLE ASPECT						
	\ \ \ Me & mil					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					
Authorized Agent					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 allow-						
									_	(Title) 7-23-70 (Date)	
_	Fi well na	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 wette				