

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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

Operator Mobil Oil Corporation	
Address Box 633, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
OPERATED BELOW. IF YOU DO NOT CONCUR,
PLEASE FILE THIS CASE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State J	Well No. 5	Pool Name, Including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter B	1780	Feet From The East	Line and 660	Feet From The North
Line of Section 22	Township 17-S	Range 34-E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corporation - Trucks	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 22
	Twp. 17-S	Rge. 34-E
	Is gas actually connected? Yes	When 3-7-71

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-27-71	Date Compl. Ready to Prod. 3-13-71		Total Depth 8900		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 4049 GR	Name of Producing Formation Vacuum Abo, North		Top Oil/Gas Pay 8739		Tubing Depth 8819			
Perforations 8739, 41, 46, 51, 58, 61 and 8762					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1710'		SACKS CEMENT 1000 x			
7-7/8	5-1/2		8900'		3100 x			

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)

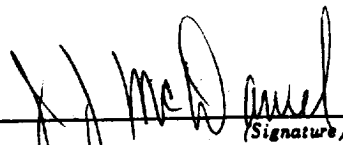
Date First New Oil Run To Tanks 3-7-71	Date of Test 3-14-71	Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1-1/2 x 12'	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --	Choke Size 2" Tub.
Actual Prod. During Test 163	Oil-Bbls. 163	Water-Bbls. 9 B.A.W.	Gas-MCF 93.4

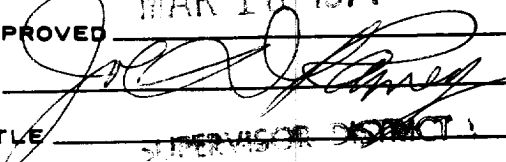
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


Authorized Agent
3-15-71
(Title)
(Date)

OIL CONSERVATION COMMISSION
MAR 18 1971
APPROVED _____, 19_____
BY 
TITLE **SUPERVISOR DISTRICT**
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.

RECEIVED

MAR 17 1971
OIL CONSERVATION COMM.
HOBBS, N. M.