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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

I. Operator **Mobil Oil Corporation**

Address **Box 633, Midland, Texas 79701**

Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐

Other (Please explain) **15.34**

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "N" Com.	Well No. 1	Pool Name, Including Formation Undesignated R-4134	Kind of Lease State, Federal or Fee State	Lease No. E-7259-2
Location Unit Letter D ; 660 Feet From The West Line and 660 Feet From The North Line of Section 19 Township 17-S Range 35-E , NMPM, Lee County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <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 88240	
If well produces oil or liquids, give location of tanks.	Unit D Sec. 19 Twp. 17-S Rge. 35-E	Is gas actually connected? Yes When 6-25-71

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 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 6-1-71	Date Compl. Ready to Prod. 6-25-71	Total Depth 8800	P.B.T.D. ----
Elevations (DF, RKB, RT, GR, etc.) 4022	Name of Producing Formation Vacuum Abo, North	Top Oil/Gas Pay 8597	Tubing Depth 8756
Perforations 8-17-8682			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12-1/4 7-7/8	CASING & TUBING SIZE 8-5/8 5-1/2	DEPTH SET 1795 8800	SACKS CEMENT 900 x 3100 x

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks 6-25-71	Date of Test 7-1-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size 2" tub.
Actual Prod. During Test 372	Oil - Bbls. 372	Water - Bbls. 1 RAW	Gas - MCF 403.6

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.

Authorized Agent **7-1-71** (Date)

OIL CONSERVATION COMMISSION
APPROVED **JUL 6 1971**
BY **SUPERVISOR DISTRICT I**
TITLE **SUPERVISOR DISTRICT I**

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.

1. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

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JUL 21 1971

OIL CONSERVATION COMM.
HOBBS, N. M.