ON
OIL
GA5
ICE

	SANTA FE	l .	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
	FILE		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	GAS
	OIL	1		
	I RANSPORTER GAS]		
	OPERATOR	_		•
1.	PRORATION OFFICE	I .		
	Mobil Producing Texas & New Mexico Inc.			
	Address			
	9 Greenway Plaza, Sui	te 2700, Houston, TX 77		
	New Well	Change in Transporter of:	Other (Please explain) To change Opera	tor name from Mobil Oil
	Recompletion	Oil Dry Gas		cor name from Mobil Off
	Change in Ownership	Casinghead Gas Conden	(Effective	Date: 1-1-1980)
	If change of ownership give name			
	and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE		
	State "J"	6 Vacuum Gravh		
	Location	6 Vacuum Grayb	burg, S.A.	State B-1519
	Unit Letter B ; 198	O Feet From ThEast Line	e and 660 Feet From 3	The North
	Line of Section 22 Tov	vnship 17-S Range	34-E , NMPM,	Lea County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s	
	Name of Authorized Transporter of Oil		Address (Give address to which approx	oed copy of this form is to be sent)
	Mobil Pipeline Co Name of Authorized Transporter of Cas	inghead Gas, or Dry Gas	Box 900 Dallas, TX Address (Give address to which approx	75221
	Phillips Petroleum Co G	ERA Can Company EFFECTIVE	February 1, 1992	Bartlesville, OK 74004
	If well produces oil or liquids,	1.901	Is gas actually connected? Whe	Bartlesville, OK /4004
	give location of tanks.	G 22 17-S 34-E	Yes	10-6-71
	-	th that from any other lease or pool,	give commingling order number:	
1 V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		TURING CASING AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	fter recovery of total volume of load all	and must be equal to or exceed top allow-
	OII, 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, gas lift, etc.)			
	Date First New Oil Adii 10 1 diil			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Water - Bbls.	Ggs • MCF
	Actual Prod. During Test	Oil-Bbis.		,
	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	C E	OIL CONSERVA	TION COMMISSION
	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.		APPROVED 13/4 . 19	
			BY Jerry Sexton	
			Jerry Sexton TITLE Diet 1. Supv.	
	مريد المام الم		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature) 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-		
	October 31		well name or number, or transport	er, or other such change of condition.
	,		Separate Forms C-104 must	be filed for each pool in multiply