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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name State "J"	Well No. 6	Pool Name, including Formation Vacuum Grayburg, S.A.	Kind of Lease State, Federal or Fee	Lease No. B-1519
Location				
Unit Letter B	1980	Feet From The East	Line and 660	Feet From The North
Line of Section 22	Township 17-S	Range 34-E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline 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 G	Sec. 22	Twp. 17-S	Pge. 34-E	Is gas actually connected? Yes	When 10-6-71

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 9-18-71	Date Compl. Ready to Prod. 10-6-71	Total Depth 4800	P.B.T.D. --					
Elevations (DF, RKB, RT, GR, etc.) 4049 GR.	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 4677	Tubing Depth 4748					
Perforations 4677-80, 4683-90, 4701-02 & 4704-4707	Depth Casing Shoe 4800							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8"	363	450-x
7-5/8	5-1/2"	4800	1500-x

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)

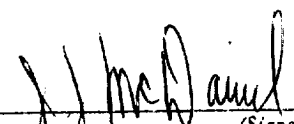
Date First New Oil Run To Tanks 10-6-71	Date of Test 10-14-71	Producing Method (Flow, pump, gas lift, etc.) Pump - 2" x 1-1/4" x 10'	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size 2" tub.
Actual Prod. During Test 56	Oil - Bbls. 56	Water - Bbls. 7	Gas - MCF 24.0

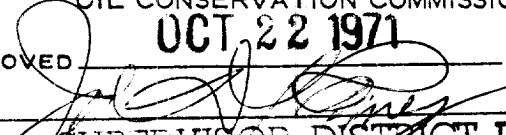
GAS WELL

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

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.


(Signature)
Authorized Agent
(Title)
10-18-71
(Date)

OIL CONSERVATION COMMISSION
OCT 22 1971
APPROVED _____, 19____
BY 
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.

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CC, 221971

OIL CONSERVATION COMM.
HOBBS, N. M.