	SANTAFE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11:
	U.S.G.S.	1117 - OLTATION TO TO	AND	Effective (-1-65
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	L GAS
	IRANSPORTER OIL			
	GAS	4	:	
	PRORATION OFFICE	-		
I.	Operator			
	Mobil Oil Corporati	on		
	Address Roy 633 Midland T	oved 70701		
	Box 633, Midland, T Reason(s) for tiling (Check proper box)	Other (Please explain)	
	New Weil	Change in Transporter of:		
	Recompletion Change in Ownership	Oil Ery Go Casinghead Gas Conde	FF	
	Change in Ownership	Cashighead Gas Conce		
	If change of ownership give name and address of previous owner			
	DECOMPTON OF WELL AND	T DAGE		
•••	Lease Name	Well No. Pool Name, Including F	ormation Kind of L	ease Lease No.
	State J	8 Vacuum Graybu	erg S.A. State, Fed	deral or Fee State B-1519
	Location C 18	30 North	ue and 1780 Feet Fr	Foot
	Unit Letter G; 18	30 Feet From The North Lir	reet Fr	om The East
	Line of Section 22 Tov	wnship 17-S Range 3	34-E , NMPM,	Lea County
11.	DESIGNATION OF TRANSPORT			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)
	Mobil Oil Corporati Name of Authorized Transporter of Cas		Box 633, Midland, Address (Give address to which ap	l'exas /9/01 proved copy of this form is to be sent)
	Phillips Petroleum		Box 2105, Hobbs, N	
	!f well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	give location of tanks.	G 22 17-S 34-E	yes	3-9-72
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
٧.	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
		Date Compl. Ready to Prod.	X ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	P.B.T.D.
	Date Spudded 2-14-72	, ,	4800	P.B.1.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	4046, Gr	Vacuum Grayburg S.A.	4665	4759
	Perforations 4665,67,69,70,	/1,/2,/3,/5,/9,80,81 Vacuum Grayburg San Andr	'AS	Depth Casing Shoe 4800
	4003 4001		CEMENTING RECORD	4000
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12-1/4	8-5/8"	360	450 x
	7-7/8"	5-1/2	4798	1550 x
V.		OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
	3-1-72	3-12-72	pump	Choke Size
	Length of Test 24 hrs	Tubing Pressure	Casing Pressure	2" Tub
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF
		126	7	22.7
	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
1 .	CERTIFICATE OF COMPLIANC	DE .	OIL CONSER	VATION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED MAR	1 19/6 19
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		and the state of	And ?
	above is true and complete to the	best of my knowledge and better.	BY GF STOVIC	OB STRICT I
			TITLE	
	L Mella			in compliance with RULE 1104.
	(Signature)		well this form must be accord	lowable for a newly drilled or despended approach by a tabulation of the deviation
	Authorized Agent		tests taken on the well in ac	must be filled out completely for allow-
	(Tit	le)	sble on new and recompleted	wells.
	3-13-72 (Da	te)	Fill out only Sections I well name or number, or trans	, II. III, and VI for changes of owner, perter, or other such change of condition.
	(270		Separate Forms C-104 n	nust be filed for each pool in multiply
			completed wells.	

RECEIVED

MAR 1 8 1972

OIL CONSERVATION COMM.
HOBBS, N. M.