DISCREDUTION SANTA FE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Filenting 1 | C

FILE		AND	Firective I-1-82
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Mobil Oil Corporatio	n		
P. U. Box 633, Midla			•
Reason(s) for filing (Check proper		Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry C		e name and well number
Change in Ownership		Formerly State	
If change of ownership give name and address of previous owner	e		<u>πειι πι</u>
DESCRIPTION OF WELL AN	ID I FASE		
Lease Name	Well No. Pool Name, Including	Formation Kind of Lea	Lease No.
North Vacuum Abo Uni	t 213 North Vacuum	-Abo State, Fede	ral or Fee State B-1040
1 "	60 Feet From The South L	ine and 1980 Feet From	n The West
Line of Section 23	Township 17S Range	34E , ммрм, Le	d County
	ORTER OF OIL AND NATURAL G		could copy of this form in the house
Name of Authorized Transporter of Mobil Pipeline Co.	Oil Condensate		Notes to be sent)
Name of Authorized Transporter of	Casinghead Gas Or Dry Gas	Address (Give address to which appropriate to the control of the c	Attn: Don Kennedy roved copy of this form is to be sent)
Phillips Pet. Co.		Rm. B-2 Phillips Bldc	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected?	hen .
give location of tanks.	N 23 17 34	Yes	12-1-72
If this production is commingled COMPLETION DATA	with that from any other lease or pool		
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
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
	Name of Producing Polimution	Depth Casing Shoe	
Perforations			Depth Cusing Snoe
HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be completed to the	ifter recovery of total volume of load of epth or be for full 24 hours)	l 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, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gae-MCF
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
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED DEC	4 1972 Signed by
Commission have been complied	with and that the information given he best of my knowledge and belief.	BY	D. Ramey
•	· · · · · · · · · · · · · · · · · · ·	TITLEDis	t. I, Sup v.
		This form is to be filed in compliance with RULE 1104.	
a D Dond	A. D. Bond	If this is a request for allo	wable for a newly drilled or deepened
A. D. Bond (Signature) Proration Staff Assistant		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	itant Title)	All sections of this form m	ust be filled out completely for allow-
November 29, 1972		able on new and recompleted w	ells. II, III, and VI for changes of owner,
	Date)	well name or number, or transpor	ter, or other such change of condition.
	No. 4	Separate Forms C-104 mus	st be filed for each pool in multiply

RECEIVED

OIL CONSERVATION COMM.
HOBBS, N. M.