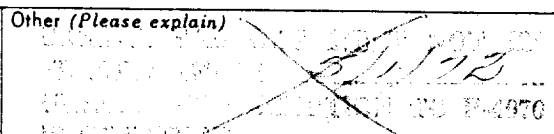


SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "JJ"	Well No. 1	Pool Name, Including Formation Vacuum Abo, No. R-4279	Kind of Lease State, Federal or Fee State	Lease No. B-1527
Location				
Unit Letter L	1993	Feet From The South Line and 660	Feet From The West	
Line of Section 7	Township 17-S	Range R-35-E	NMPM, Lea	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 checked="" 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, N.M. 88240			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 14	Twp. 17-S	Rge. 34-E
	Is gas actually connected?		When	
	Yes		3-3-72	

If this production is commingled with that from any other lease or pool, give commingling order number: **P.C. 362**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-21-72	Date Compl. Ready to Prod. 2-17-72	Total Depth 8850	P.B.T.D. --					
Elevations (DF, RKB, RT, GR, etc.) H017.9 Gr	Name of Producing Formation Vacuum Abo, No.	Top Oil/Gas Pay 8605	Tubing Depth 8701					
Perforations 8605,06,13,15,17,25,27,28,29,48,49,55,57,59,67 & 6868	Depth Casing Shoe 8850							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	12-3/4"	270'	450x					
11"	8-5/8"	3170'	1200x					
7-7/8"	5-1/2"	8850'	2300x					

V. 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)

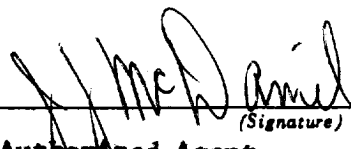
Date First New Oil Run To Tanks 2-14-72	Date of Test 2-27-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure --	Casing Pressure --	Choke Size 2" Tubing
Actual Prod. During Test	Oil-Bbls. 138	Water-Bbls. 5 BLW	Gas-MCF 160.2

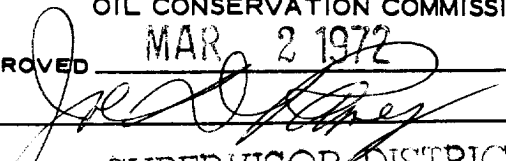
GAS WELL

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
2-28-72
(Date)

OIL CONSERVATION COMMISSION
APPROVED **MAR 2 1972**, 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.

RECEIVED

MAY 1 1970

OIL CONSERVATION BOARD
HOBBBS, N. M.