

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"/>	PAID/RECEIVED THIS MUST NOT BE REPRODUCED 4/1/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

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

Lease Name State KK	Well No. 2	Pool Name, Including Formation Vacuum Abo, No.	Kind of Lease State, Federal or Fee State	Lease No. B-1040
Location				
Unit Letter L ; 1840 Feet From The South Line and 800 Feet From The West				
Line of Section 23 Township 17-S Range 34-E , NMPM, Lea County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Mobil Pipeline Company		P. O. Box 900, Dallas, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Co		Box 2105, Hobbs, New Mexico 88240				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	23	17-S	34-E	No	

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

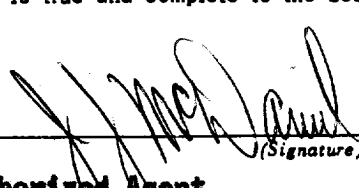
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 2-28-72	Date Compl. Ready to Prod. 3-24-72	Total Depth 8800		P.B.T.D. ---					
Elevations (DF, RKB, RT, GR, etc.) 4028 Gr.	Name of Producing Formation Vacuum Abo, No.	Top Oil/Gas Pay 8539		Tubing Depth 8733					
Perforations 8539, 40, 53, 54, 55, 61, 62, 63, 83, 84, 85, 86, 87, 94, 95, 96, 8607, 08, 8609		Depth Casing Shoe 8800							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	12 3/4"		290		450x				
11	8 5/8"		3045		1400x				
7 7/8"	5 1/2"		8000		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 3-20-72	Date of Test 4-3-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size 2" tubing
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 2 BLW	Gas - MCF 55.1

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

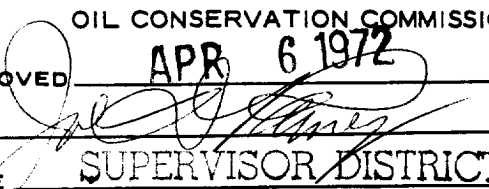
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Authorized Agent
(Title)
4-4-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 6 1972**, 19____

BY 
SUPERVISOR DISTRICT I

TITLE _____

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

AER 6/10/72
OIL CONSERVATION COMM.
HOBBES, N. M.