

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Mobil Oil Corp.
 Address
Box 633, Midland, TX 79701
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain) **THIS WELL HAD BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR WITH THIS STATEMENT, THIS WELL MUST NOT BE RECOMPLETED TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner THIS WELL HAD BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR WITH THIS STATEMENT.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State MM	Well No. 1	Pool Name, Including Formation Vac. Abo North R-4051	Kind of Lease State, Federal or Fee State	Lease No. L-5391
Location Unit Letter P ; 460 Feet From The South Line and 600 Feet From The East Line of Section 7 Township 17-S Range 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 Oil Corp. - Trucks	Address (Give address to which approved copy of this form is to be sent) Box 633, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pet. Co.	Address (Give address to which approved copy of this form is to be sent) Box 2105 Hobbs, NM 88240			
If well produces oil or liquids, give location of tanks. P	Unit 7	Sec. 17-S	Rge. 35-E	Is gas actually connected? When No

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-13-72	Date Compl. Ready to Prod. 6-14-72		Total Depth 8975			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 4000 GR	Name of Producing Formation Vac. Abo		Top Oil/Gas Pay 8776			Tubing Depth 8925		
Perforations 8776, 77, 82, 83, 8829, 31, 32, 35, 36, 37, 38, 57, 58, 66, 67, 68, 71, 72, 73, 8877						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	12 3/4		291		450 X			
11	8 5/8		3260		1400 X			
7 5/8	5 1/2		8975		2300 X			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 6-14-72	Date of Test 6-25-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 157	Water - Bbls. 5	Gas - MCF 108.0

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.

Christine O. Tucker
(Signature)
Proration Clerk
(Title)
6-26-72
(Date)

OIL CONSERVATION COMMISSION

JUN 28 1972

APPROVED _____, 19____
 BY [Signature]
 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 Form C-104 must be filed for each pool in multiply completed wells.

105 11 107

RECEIVED

JUN 27 1972

OIL CONSERVATION COMM.
HOBBS, N. M.