· · · · · · · · · · · · · · · · · · ·			
DISTRIBUTION			Form C -104 Supersedes CII C-104 and C-111
SANTAFE	REQUEST	FOR ALLOWABLE AND	Effective Mi-65
FILE	NUTLIONIZATION TO TRA		24
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS '
IRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE		······································	
Mobil Oil Corporation			
Address			
9 Greenway Plaza, Suite		77046	
Reason(s) for filing (Check proper box)		Other (Please explain) Change of lease n	ame because of Uniti-
New Well	Change in Transporter of:		-
Recompletion	Oti Dry Gas Casinghead Gas Conden		
Change in Ownership	Casingheod Gas Conden	NM DJ State #4	
If change of ownership give name	Texaco, Inc., Box 3109,	Midland, Texas 79702	
and address of previous owner		· · · ·	
DESCRIPTION OF WELL AND I	Well No.; Pool Name, Including Fo	Armation Kind of Lease	Lease No.
Lesse Name Unit		Sunta Fadaral	or Foo State B-161
North Vacuum Abo East	7 North Vacuum At		
	0Feet From TheNLine	and 1780 Feet From T	neW
•			
Line of Section 18 Tow	nship 17-S Range	35-E , NMPM, Lea	County
DESIGNATION OF TRANSPORT	TT OF OU AND NATURAL GA	S	·
None of Authorized Transporter of Oil	C or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
Mobil Pipeline		P. O. Box 900 Dallas, T	x 75221 Attn: D.C. Kenner
Name of Authorized Transporter of Cas	Inghead Gas 🔯 or Dry Gas 🛄	Address (Give address to which approv	
Phillips Petroleum Pipe		B-2 Phillips Building,	
If well produces oil or liquids,	Unit Sec. Twp. Pge.		1-1-78
give location of tanks.		100	
If this production is commingled wit COMPLETION DATA			Plug Back 'Same Res'v.' Diff. Res'v.
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Rocdy to Prod.	Total Depin	
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe
		CEVENTING RECORD	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFINISCI	1
		l	i
TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a	and must be equal to or exceed top allow-
OIL WELL		peh or be for full 24 hours) Producing Method (Flow, pump, gas lif	t, zic.)
Date First New Oil Run To Tanks	Date of Test	ana - Constantino - C	
Length of Twee	Tubing Pressure	Casing Pressure	Choke Size
		Voter - Bbis.	Gae - MCF
Actual Prod. During Test	Oll-Bbls.		
GAS WELL			Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bhis. Condensate/MMCF	Greatly of Concentedia
	Tubing Pressure (Shat-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure Canac-Im 5		
CERTIFICATE OF COMPLIANC	TF	OIL CONSERVA	TION COMMISSION
CERTIFICATE OF COMPLIANCE		00124	+ 1978
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.		APPROVED	
		BYBreve	
· · ·			
<b>^</b>	~ 0	This form is to be filed in c	ompliance with RULE 1104.
UN TOONS		I	able for a newly drilled or deepened hied by a tabulation of the deviation.
Signa		tests taken on the well in accord	dance with KULE 111.
Regulatory Engineering (	Coordinator	All sections of this form mut able on new and recompleted we	at be filled out completely for allow- lis.
n 4 Th	e lane	I must have a strange to the	TTT and VI for changes of cwner,
001	<u> </u>	well name or number, or transport	er, or other such change of condition.

RECEPTO 0072 01378 Children of Bolink

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