		 									_																
DISTRIBUTION		<u> </u>	┝──┥				ONSERVATION COMMISSIC				Form C-104 Supersedes Cld C-104 and C-110																
SANTA FE					KEYU	511	AND	LUMADLE			ive 1-65																
U.S.G.S.		┢╍╌┥	┝┥	ALT		ATION TO	TRA			NATURAL G	AS																
LAND OFFICE					INUKIZ	ATION TO	100																				
	OIL			1																							
IRANSPORTER	GAS																										
OPERATOR				1																							
PRORATION OF	FICE																										
Operator		_																									
Mobil Oil C	orpor	atic	<u>on</u>	· · · · · · · · · · · · · · · · ·						<u></u>	<u> </u>																
Address		~			tteret	men Merre	- 7	7016																			
9 Greenway					HOUST	on, Texa	<u>s /</u>	7046	Other (Please	explain)	<u>,</u>																
Reason(s) for filing	((.*ec* ;	moper	003)		on in Tra	sporter of:				of lease n	ame becaus	se of	Uniti-														
New Well Recompletion	Н	Oil Dry Gas Zation, Formerly:																									
Change in Ownershi	Ч			-	nghead Ga		Cond en	• De	1	ce Com #2																	
If change of owners	ship giv		""NA	4							<u></u>																
and address of pre-	ATOME ON	/ner_																									
DESCRIPTION O	F WEL	LA	ND I	LEASE									Lease No.														
Lesse Name Unit			Well No. Pool Name, Including Fo				Parts Endard				or Foo State K-6023																
North Vacuum Abo East				9 North Vacuum Ab				<u>xx Pool</u>			<u>K=0025</u>																
Location						_		-			Ð																
Unit Letter	J	.:	<u>19</u>	980_F••	t From Th	• <u> </u>	_Lin	end	1980	Feet From T	he <u> </u>																
			-		17 - S			35 - E		, Lea			County														
Line of Section	18		Tow	mship	1/-3	Range		<u> </u>	, 1947	,																	
		NOT	1007		OT ANI	NATTIRA	t GA	s																			
DESIGNATION C	Transpo	nor ner o	UR I	X	or Conden			Address	(Give address	to which approv	ed copy of this	form is sc	be sent)														
Mobil Pipeline								P. O. Box 900 Dallas, Tx 75221 Attn: 1).C. Kenne														
Nome of Authorized	inghead G	15 X	or Dry Gas]	Address (Give address to which approved copy of this form is to be sent)																						
Phillips Pe					B-2 Phillips Building, Odes				<u>x 7976</u>	50																	
If well produces oil				Unit Sec. Twp. P.ge.				Is gas actually connected? When																			
give location of tan	ks .			'. N	7	17 <u>-</u> S :35	-E	Yes			1-1-78	. <u> </u>	d														
If this production i	s commi	ingle	d wit	h that fro	m any oth	her jesse or j	pool,	give com	mingling orde	r number:	<u> </u>	<u>.</u>															
COMPLETION D					1 O11 We			New Yell		Deepen	Plug Back S	ame Res'	v. Diff. Restv.														
Designate Ty	ne of C	omp	letio	on - (X)	1011 44			1 7	1	1																	
Date Spudded				1	to Prod.		Total De	pth		P.B.T.D.	<u></u>																
Date Spusdes			Date Compl. Rocdy to Prod.			•																					
Elevations (DF, RKB, RT, CR, etc.)			Name of Producing Formation				Top Oll/Gas Pay			Tubing Depth																	
Perforations											Depth Casing	Shoe															
								. <u> </u>			<u> </u>																
				TUBING, CASING, AND							SACKS CEMENT																
HOLE SIZE			CASING & TUBING SIZE				DEPTH SET			SACKS CEMERT																	
				ļ							1																
				<u> </u>				}			<u>↓</u>																
L								1	r of total valu	me of load oil a	ind must be equ	al to or a	xceed top allow-														
TEST DATA AN	D REQ	UES	TF	OR ALLO	JAVRTF	oble for t	hia de	pch or be f	for full 24 hour	s)																	
OIL WELL	Run To	Tank		Date of 7	Test			Producin	ig Method (Floi	u, pump, sas lif	1, 2ic.)																
	•••••	-						and a second																			
Length of Test			Tubing Pressure				Casing Pressure			Choke Size																	
										Gae - MCF																	
Actual Prod. During Test		Oil-Bble.				Water - Bbis.			Gde-MCF																		
											<u></u>																
		_																									
GAS WELL				T				Bhia. Co	ndenaste/h040	5	Gravity of Co	ndensats															
Actual Prod. Test-	MCF/D			Length o	[[#91					-																	
				Tubing P	TRANUTOTI	shat-in)		Casing F	Pressure (Shut	-in)	Choke Size																
Testing Method (pil	tot, Back	pr.)		1 uping P		,			-																		
								1	OIL	CONSERVA	TION COM	AISSION	4														
CERTIFICATE	OF CO	MPL	IANC	C E				-		DC1 24	H/8																
		•			e of the f	Dil Conserva	ation	APPR		and the second se		•	19														
I hereby certify th Commission have								BY Out Hand M																			
I hereby certify that the rules and regulated the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								Lasty Hestin																			
· · · ·								TITL	۱	Het 1, Sogue	<u>}</u>																
					_			-	his form is t	be filed in c	ompliance wit	Th RULE	1104.														
Regulatory Engineering Coordinator								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 allow-																			
														Regulatory Engineering Coordinator								All sections of this form must be thick be backed of owner, able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,					
															Ô	d	ſ	18 .	197	8	-			1 11	TT and VT	for chan	ges of owner, e of condition.
			(Dal	ie)	<u></u>			well n	eme or numbe	e, or transport	er or other and	Pri Cilari	e of condition.														

Cota 81078 han be and the second sec