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FILE					
U.S.G.S.					
LAND OFFICE	AND OFFICE				
IRANSPORTER	OIL				
INAMSFORTER	GAS				
OPERATOR					
PRORATION OF	PROPATION OFFICE				
Operator					

## NEW MEXICO OIL CONSERVATION COMMI

Form C-104

	FILE	REQUEST	FOR ALLOWABLE Supersedes Old C-104 and C-1		
	U.S.G.S.	1	AND		
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPURT OIL AND NAT	URAL GAS	
	OIL	-			
	IRANSPORTER GAS	-		•	
	OPERATOR				
	PROBATION OFFICE	∄		•	
1.	Operator		· · · · · · · · · · · · · · · · · · ·		
	Mobil Oil Co	rporation			
	Address	<u> </u>			
	Box 633, Mid	land, TX 79701			
	Reason(s) for filing (Check proper box		Other (Please ex	lain)	
	New Well	Change in Transporter of:			
	Recompletion K	Oil Dry Go	ıs 🗍	•	
	Change in Ownership	Casinghead Gas Conde	<b>=</b>		
			······································		
	If change of ownership give name				
	and address of previous owner		·····		
Ħ	DESCRIPTION OF WELL AND	LEASE			
44.	Lease Name	Well No. Pool Name, Including F	ormation Kir	d of Lease No.	
	Elk State Com	2 North Vac	aho Sto	te, Federal or Fee Chate	
	Location	Z North vac	abo	State K-6023	
		20 504th	1000	Do. a.t.	
	Unit Letter J : 198	BO Feet From The South Lir	ie and 1900 F	eet From The EdSL	
	10 -	. 17 0	2E 13	T	
	Line of Section 18 To	wnship 17-S Range	35-Е , ммрм,	Lea County	
			_		
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sen				
	<b>[</b>	<del></del>	i ·	,	
	Mobil Pipe L:		Box 900, Dal	las, TX 75221 hick approved copy of this form is to be sengengage	
	Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	Address (Give address to w	hich approved copy of this form is to be sengly 76	
	Phillips Pet	Co.	Room B-2 Phi	llips Bldg. Odessa. TX	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When.	
	give location of tanks.	N 18 17-8 35E	yes	3-26-75	
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order nu	-	
	COMPLETION DATA	th that nom any other rease or poor,	give comminging order na		
• • •		Oil Well Gas Well	New Well Workover I	Deepen Plug Back Same Res'v. Diff. Res'v	
	Designate Type of Completi	on - (X) X	X	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	3-17-75	3-27-75	11400	8850	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3994.5	abo	8711	8830	
	Perforations	1 850	Total 27 ho		
	] <sup>-</sup>	8754-59; 8761-68; 87			
	0711-13, 07.33-37,		CEMENTING RECORD		
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE		375	400	
	17-1/2	13-3/8	5000	1250	
	11	8-5/8	<del></del>	1350	
	7-7/8	4-1/2	12515	1350	
			<del></del>	ii	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume o pth or be for full 24 hours)	fload oil and must be equal to or exceed top allow	
	OIL WELL			mn gos lift etc.)	
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas li		THE STATE STATE			
	3-27-75	4-2-75	Pump Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Cdaing Piesswie	CHORA SITA	
	24		Water Shir-	Gas • MCF	
	Actual Prod. During Test	Oil-Bbls.	Water + Bbls.		
		73	4	103.9	
			•		
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Casing Pressure (Shut-in	) Choke Size	
v.	CEPTIFICATE OF COURT IAN	CF	OIL COM	SERVATION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE			_		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED APR 7 1975 19		
	Commission have been complied '	with and that the information given		<b>P</b> = = =	
	above is true and complete to the	e best of my knowledge and belief.	BY JAM W	Rungan	
				Geologist	
			TITLE		
	11.		This form is to be filed in compliance with RULE 1104.		
	Christine O. Tucker		to this is a request for allowable for a newly drilled or deepened		
•	(Sign	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	uthorized Agent				
	LIGHT LOCK MYCHE		All sections of this form must be filled out completely for allow-		

(Title)

(Date)

4-4-75

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. Hi, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply