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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 1-1-55

I. Operator
Mobil Oil Corporation
Address Three Greenway Plaza East, Suite 800, Houston, Texas 77046
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State NN COM.</u>	Well No. <u>1</u>	Pool Name, including Farmington <u>W. Morrow</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>K5226-1</u>
Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1990</u> Feet From The <u>East</u> Line Line of Section <u>8</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, <u>Lee</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Mobil Pipe Line Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 900, Dallas, Texas 75201</u>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>Fidelity Union Bldg., Dallas, Texas 75201</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>8</u>
	Twp. <u>17-S</u>	Range <u>35-E</u>
	Is gas actually connected? <u>No</u>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		☒		☒				
Date Spudded <u>6-22-76</u>	Date Compl. Ready to Prod. <u>8-14-76</u>	Total Depth <u>12425</u>	P.B.T.D. <u>12300</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3984 GR.</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>12122</u>	Tubing Depth <u>12055</u>					
Perforations <u>12114-12122 2 ISPF, Total of 18 Holes</u>			Depth Casing Shoe <u>12419</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>320</u>	<u>400 X</u>					
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>4990</u>	<u>2900 X</u>					
<u>8 3/4"</u>	<u>7" Liner</u>	<u>12419</u>	<u>1800 X</u>					
			<u>Top of Liner 4786</u>					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1800</u>	Length of Test <u>24</u>	Bbls. Condensate/MMCF <u>9.5</u>	Gravity of Condensate <u>46.6</u>
Testing Method (pitot, back pr.) <u>Back Pr.</u>	Tubing Pressure (Shut-in) <u>4092</u>	Casing Pressure (Shut-in) <u>769</u>	Choke Size <u>10/64</u>

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.

[Signature]
(Signature)
Authorized Agent
(Title)
8-15-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
TITLE Executive Director

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

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LOS ANGELES, CALIF.