

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes O&G C-104 and C-11
Effective 1-1-65

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

I. Operator
Mobil Oil Corporation
Address
P. O. Box 633, Midland, Texas 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 **CASINGHEAD GAS MUST NOT BE
FLAMED AFTER 5/1/73
UNLESS AN EXCEPTION TO R-4670
IS OBTAINED.**

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESCRIBED BELOW. IF YOU DO NOT CONCUR,
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "NN"	Well No. 1	Pool Name, Including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No. K-5926-1
Location Unit Letter L ; 660 Feet From The West Line and 1980 Feet From The South Line of Section 8 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 Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 633, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 8	Twp. 17-S	Rge. 35-E	Is gas actually connected? No	When Waiting on Connection

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-5-72	Date Compl. Ready to Prod. 3-2-73		Total Depth 12,425		P.B.T.D. 10,794			
Elevations (DF, RKB, RT, GR, etc.) 3984 GR	Name of Producing Formation Vac. North Abo		Top Oil/Gas Pay 8,864		Tubing Depth 8,989			
Perforations 8864-68, 8895-8900, 8916-22, and 8944-8954				Depth Casing Shoe 12,419				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		320		400 sz.			
12-1/4	9-5/8		4990		2900 sz.			
8-3/4	7" Line		12,419		1800 sz.			
Top of Liner 4786								

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 2-25-73	Date of Test 3-12-73	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" x 1-1/4 x 18'	
Length of Test 24 hrs.	Tubing Pressure ----	Casing Pressure ----	Choke Size 2" Tubing
Actual Prod. During Test ----	Oil-Bbls. 98	Water-Bbls. 5	Gas-MCF 60.0

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.

Comiles

(Signature)

Authorized Agent

(Title)

March 15, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

SEP 1 1973

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