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DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INANSFORTER	GAS		
OPERATOR			
PRORATION OF			
Operator			
Mobil Prod	ucing	Τe	xa
Address			
9 Greenway	Plaz	а,	Su
Reason(s) for (tling	(Check D	rope	box

	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65							
	LAND OFFICE IRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (
1.	PRORATION OFFICE										
	Mobil Producing Texas & New Mexico Inc.										
	9 Greenway Plaza, Suit	te 2700, Houston, TX 77	046								
	Reason(s) for filing (Check proper box) Other (Please explain)										
	New We!! Change in Transporter of: To change Operator name from Mobil Oil Recompletion Oil Dry Gas Corporation.										
	Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980)										
	If change of ownership give name and address of previous owner										
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Name											
	State "L"	4 North Vac	uum Abo State, Federa	or Fee State B2956							
	Unit Letter D : 660	Feet From The North Line	and 660 Feet From	The West							
	Line of Section 21 Town	nship 17-S Range	35-Е , ммрм,	Lea County							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Two or Condensate											
	Name of Authorized Transporter of Oil Mobil Oil Corporation		#9 Greenway Plaza# 270	00 Houston TX 77046							
	Name of Authorized Transporter of Casi Phillips Petroleum Compa		Address (Give address to which appropriately Phillips Bldg, Ba								
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. D 21 17-S 35-E	Is gas actually connected? Wh								
	If this production is commingled with	that from any other lease or pool,	give commingling order number:	CTB-244							
IV.	Designate Type of Completion		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth							
	Perforations			Depth Casing Shoe							
	TUBING, CASING, AND CEMENTING RECORD CASING A TUBING SIZE DEPTH SET SACKS CEMENT										
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)											
		Tubing Pressure	Casing Pressure	Choke Size							
	Length of Test	·	Water - Bbls.	Gas - MCF							
	Actual Prod. During Test	Oil-Bbis.	Wdter-Bute.								
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	CE	OIL CONSERVATION COMMISSION								
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									
		Orig. Signed by Jerry Sexton									
		TITLE Dist 1. Supv.									
Robbie Yay (Signature) Authorized Agent			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.								
						(Title) October 31, 1979		must be a local constant of	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.		
						(Date)			well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		