

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supplement to Form No. 1
Effective 1-1-65

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	Oil	
	NATURAL GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Mobil Oil Corporation

Address
Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (please explain) THIS MUST NOT BE
PLACED IN THE
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name
State L

Well No.
4

Pool Name, including Formation
Undesignated

Kind of Lease
State, Federal or Fee State

Lease No.
B-2956

Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The West

Line of Section 21 Township 17-S Range 35-E, NMPM, Lea County

II. 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 sent)
Mobil Oil Corporation Box 633, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit	D	Sec.	21	Twp.	17-S	Rge.	35-E	Is gas actually connected?	No	When	
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If this production is commingled with that from any other lease or pool, give commingling order number: CTB-244

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3-24-73	5-1-73		9100					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
3960 GR	Abo		8823		9056			
Perforations					Depth Casing Shoe			
8823-27, 8829-31, 8838-39, 8842-45, 8850-52, 8857-58, 8863-65, 8867-74, 8880-8883					9100			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	12-3/4		257		400 sx			
11	8-5/8		3240		1600 sx			
7-7/8	5 1/2		9100		2500 sx			

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.)	
5-1-73	6-7-73	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			2" Tub.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	8	8	8

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Christine O. Tucker
(Signature)
Proration Clerk
(Title)
6-8-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
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 change of transporter, well name, or number, or transporter, or other such change of completion.

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

INCLINATION REPORT

Field Name _____ County Lea State New Mexico
Operator Mobil Oil Corporation Address P. O. Box 633 Midland, Texas 79701
Lease Name & No. State "L" Well No. 4 Survey Totco

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
255	1/4	1.12	1.12
750	3/4	6.48	7.60
1250	3/4	6.55	14.15
1700	3/4	5.90	20.05
2215	1	9.01	29.06
3240	1/4	4.51	33.57
3750	1/2	4.49	38.06
5096	1	23.56	61.62
6029	1 1/4	20.34	81.96
7118	1 1/2	28.53	110.49
7600	1	8.44	118.93
9030	1/4	6.29	125.22
Total displacement			<u>125.22</u>

Survey was run in Open Hole Distance to the nearest lease line _____ feet

Certificate of personal knowledge of Inclination data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Delton Marcum
Signature

MARCUM DRILLING COMPANY
Company

State of Texas)
)
County of Midland)

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared DELTON MARCUM, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 19th DAY OF April 19 73

My Commission Expires

1 June 73

Notary Public in and for said County and State