40. 01 COPIES REC	EIVED	1		
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS		-	
OPERATOR				
PRORATION OFFICE			-	
Operator				
Mobil Producing TX. &				
Address				
Nine Greenway Plaza, S				
Reason(s) for filing	Check p	roper	box)	
New Well				

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65			
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL (			GAS			
	l ou						
	TRANSPORTER GAS						
1.	PRORATION OFFICE	1		•			
-	Mobil Producing TX. & N.M. Inc.						
	ddress						
	Nine Greenway Plaza, Reason(s) for filing (Check proper box	Nine Greenway Plaza, Suite 2700, Houston, Texas 77046					
	New Well	Change in Transporter of:	Other (Please explain)				
	Recompletion	Oil XX Dry G		•			
	Change in Ownership	Casinghead Gas Conde	Effective date	June 1, 1982			
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND	I.FASF		·			
	Lease Name State "PP"	Weil No. Pool Name, Including F	4.4	Lease No.			
	Location		State, Federa	lor F ◆ State B2956			
	Unit Letter N 6	60 South Li	ne andFeet From 1	West			
	Line of Section 17 Tox	waship 17S Range	35E , NMPM, Lea	County			
				- County			
u.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ord copy of this form is to be sent)			
International Crude Corporation  Name of Authorized Transporter of Casinghead Gas KX or Dry Gas			2454 Industrial Blvd., Abilene, TX 79605  Address (Give address to which approved copy of this form is to be sens)				
	Phillips Petroleum Co.	singhead Gas 📉 — or Dry Gas 🚃	•	Bartlesville, OK 74004			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. D 21 17S 35E	Is gas actually connected? Whe	en .			
- 1		th that from any other lease or pool,	<del></del>				
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.			
	Designate Type of Completion			1 t			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
l	· · · · · · · · · · · · · · · · · · ·						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
Ì							
_ [							
	TEST DATA AND REQUEST FO	able for this de	fter recovery of total volume <mark>of load</mark> oil e pth or be for full 24 hours)	· · · · · · · · · · · · · · · · · · ·			
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				i, etc.)			
ı	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
-	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gae • MCF			
Į							
	GAS WELL						
	Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
-	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Cheke Size			
_ L							
/I. (	CERTIFICATE OF COMPLIANC	CE .	OIL CONSERVA	TION 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.		ORIGINAL SIGNED BY					
		BY					
		TITLE DISTRICT I SUPR.					
Signature) Authorized Agent (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				
						May 26, 1982	
						(Date)	

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