

DISTRIBUTION		
SANTA FE		
FILE		
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 1-1-65

Operator <i>Mobil oil Corporation</i>		
Address <i>Box 633, Midland, Texas 79701</i>		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	<i>CHANGE IN TRANSPORTER NOT BE</i>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	<i>11/8/74</i>
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	<i>SEE INSTRUCTIONS TO R-4070</i>
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name <i>State K</i>	Well No. <i>10</i>	Pool Name, including Formation <i>Vacuum, North (abo)</i>	Kind of Lease <i>State</i>	Lease No.
Location Unit Letter <i>L</i> : <i>800</i> Feet From The <i>West</i> Line and <i>2100</i> Feet From The <i>South</i>				
Line of Section <i>18</i> Township <i>17-S</i> Range <i>35-E</i> , NMPM, <i>Lea</i> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<i>Mobil oil Corporation - Trucks</i>	<i>Box 633 Midland Texas 79701</i>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <i>L</i>	Sec. <i>12</i>	Twp. <i>17-S</i>	Rge. <i>35-E</i>	Is gas actually connected? <i>No</i>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded <i>9-28-73</i>	Date Compl. Ready to Prod. <i>11-6-73</i>		Total Depth <i>8800</i>		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.) <i>4006 GR</i>	Name of Producing Formation <i>abo</i>		Top Oil/Gas Pay		Tubing Depth <i>8700</i>			
Perforations <i>2655, 59, 60, 67, 72, 79, 81, 88, 89, 90, 8701, 03, 05, 07, 09, 10, 11, 13, 15, 16 & 2717 4155PF - TOTAL 21 abo</i>				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>17-1/2</i>	<i>12-3/4</i>		<i>250</i>		<i>300 24</i>			
<i>11</i>	<i>8-5/8</i>		<i>3210</i>		<i>1600 24</i>			
<i>5-1/2</i>	<i>7-7/8</i>		<i>8800</i>		<i>3400 24</i>			

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 <i>11-8-73</i>	Date of Test <i>11-11-73</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <i>204</i>	Water - Bbls. <i>0</i>	Gas - MCF <i>181.5</i>

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)
11-13-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
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.