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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION-REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-17

	FILE		1120201	AND		Effective 1-1-65								
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS													
LAND OFFICE														
IRANSPORTER OIL API *#30-025-2485						025-24851								
	OPERATOR GAS			•	_ " _ •									
	PRORATION OFFICE	<del> </del>	- <del> </del>											
1.	Operator	1	<del>, , , , , , , , , , , , , , , , , , , </del>		<del></del>									
	Mobil Oil Corporation '													
	Address													
	Box 633, Midlar				···· :									
	Reason(s) for filing (Check proper box)  New Well X Change in Transporter of:			Other (Please explain)										
	Recompletion		Oil Dry Gas		•	•								
	Change in Ownership		Casinghead Gas Conden											
					·	· · · · · · · · · · · · · · · · · · ·	<del></del> ,							
	If change of ownership give na and address of previous owner		•											
				,										
II.	DESCRIPTION OF WELL A	IND I	LEASE.   Well No.   Pool Name, Including Fo	ermation 1	(Ind of Lease		Lease No.							
						or Fee State	B-1520							
	Location				<del> </del>									
	Linux Letter T	2100	Feet From The South Line	and 660	Feet From T	he East								
	Om Letter													
	Line of Section 24	Tow	mship 17-S Range	34-E , NMPM,	Lea	····	County							
			·	_			•							
III.	Name of Authorized Transporter		ER OF OIL AND NATURAL GA	S Address (Give address to	which approve	ed copy of this form is to	be sent)							
	Mobil Pipeline		<del></del>	Box 900 Dallas Texas 75221										
	Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)										
	Phillips Petro	leur	n Co.	Room B-2, Phillips Bldg., Odessa, TX										
	If well produces oil or liquids,		Unit Sec. Twr. Rge.	Is gas actually connected	? When									
	give location of tanks.		D 24 17 34	yes		2-10-75								
		ed wit	h that from any other lease or pool,	give commingling order i	iumber:									
IV.	COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res	v. Diff. Restv.							
	Designate Type of Comp	oletio	n = (X) XX	XX	! !		1							
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.	<del></del>							
	12-29-74		2-10-75	866	0	8619								
	Elevations (DF, RKB, RT, GR, e	tc.,	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth								
	3996 GR		Abo	8511		861 Depth Casing Shoe	5							
	Perforations	. = 2/		- Total of 38	holes	Deptit Castriq Snoe								
	8511-518;530-534	; 53	9-540;549-558;562-56 TUBING, CASING, AND	4; & DOS TOD / O CEMENTING RECORD										
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SE		SACKS CEM	ENT							
	17-1/2		12-3/4	263		400								
	11		8-5/8	3072		1600								
	7-7/8		5-1/2	8660		1600								
			D ALL OWART E			<u> </u>								
V.	TEST DATA AND REQUES	TEST DATA AND REQUEST FOR ALLOWABLE (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)											
	2-10-75 2-12-75			Pump										
	Length of Test		Tubing Pressure	Casing Pressure		Choke Size								
	Actual Prod. During Test		OII - Bbls.	Water - Bbls.		Ggs · MCF								
	Actual Prod. Duling 1 est		106	0		82								
	GAS WELL			,										
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate								
			Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in )	Choke Size								
	Testing Method (pitot, back pr.)		I doing Pressure (Brue-In)	Control France Control	,	0								
W	CERTIFICATE OF COMPLIANCE			OIL C	ONSERVA	THON COMMISSION								
¥1.	CERTIFICATE OF COMPLIANCE			011021111		•								
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED											
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY AUX	XYII	mar									
ROOVE IS ITUE BILL COMPLETE to the best of my knowledge and better			BY COMPANY											
	_			TITLE	<u> </u>									
	OL + 27					ompliance with RULE								
Authorized Agent  (Title)  2-13-75			If this is a request for allowable for a newly drilled or despended 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 allow able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner and conditions.											
									(e)	well name or number,	or transport	en of other auch chang	e of condition	
											Separate Forma	C-104 must	be filed for each po	of in multip.,