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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-11
Effective 1-1-65

I. Operator
Mobil Producing TX. & N.M. Inc.
Address
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ * Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
* This is a corrected report.
To correct gas volume previously reported.
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. O. Carson	Well No. 17	Pool Name, including Formation Tubb (Prorated Gas)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter N : 518.6 Feet From The South Line and 2121.4 Feet From The West Line of Section 28 Township 21S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, TX 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137, Eunice, NM 88231			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 28	Twp. 21S	Rge. 37E
Is gas actually connected?		When		
Yes		5/23/84		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X		X		X
Date Spudded 5/03/84	Date Compl. Ready to Prod. 5/29/84	Total Depth 8143	P.B.T.D. 6334					
Elevations (DF, RKB, RT, GR, etc.) 3451 GR	Name of Producing Formation Tubb	Top Oil/Gas Pay 5952	Tubing Depth 5940					
Perforations 5952-6286	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4	13-3/8	338	300					
11	8-5/8	2900	1500					
7-7/8	5-1/2	8143	950					
	2-3/8	5940						

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 688	Length of Test 24 hours	Bbls. Condensate/MMCF 4	Gravity of Condensate 38.0 @ 60
Testing Method (pilot, back pr.) Gas Meter	Tubing Pressure (Shut-in) 650#	Casing Pressure (Shut-in) 0#	Choke Size 1/2

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.

Paula A. Colline
(Signature)

Authorized Agent

(Title)

07/06/84

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 10 1984, 19

BY ORIGINAL SIGNATURE OF COMMISSIONER

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

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JUL 16 1984

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HOMES OFFICE