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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISS.

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

I.

Operator: Mobil Oil Corporation

Address: P.O. Box 633, Midland, Texas

Reason(s) for filing *(Check proper box)*

- New Well [ ]
- Recompletion [X]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
E. O. Carson	18	McCormick-Silurian	State, Federal or Fee Fee	

Location: Unit Letter M ; 760 Feet From The West Line and 660 Feet From The South

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 [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Shell Pipe Line Company	P.O. Box 1598, Hobbs, N. M.
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Skelly Oil Company	P.O. Box 730, Hobbs, N. M.

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	33	21S	37E	Yes	1-16-68

If this production is commingled with that from any other lease or pool, give commingling order number: R-2079

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X							X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	1-13-68	8175	7980
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3476 Gr	McCormick-Silurian	7271	7225
Perforations			**Depth Casing Shoe**
7271, 73, 75, 77, 86, 89, 92, 94, 7306, 11, 16, 25, 29, 33, 39, 53, 55, 58, and 7360 OA JLR			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8" OD	320	300 Sks.
11	8-5/8" OD	2053	1300 Sks.
7-3/4	7-3/4" OD	8175	980 Sks.

V. 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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
1-8-68	1-16-68	Gas Lift	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hrs.	180#		14/64"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
31	31	0	Formation Gas 94MCF

GAS WELL

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

J. J. McDaniel
(Signature)

Authorized Agent
(Title)

1-17-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ____

BY _____

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.