

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-1  
Effective 1-1-65

I. Operator  
Mobil Oil Corporation  
Address  
Box 633, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change In Transporter oil ☐ Other (Please explain)  
Recompletion ☐ Oil ☐ Dry Gas ☐ Request for 87 Bbl. test allowable  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐ due to cumulation of oil in hole  
If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Cordelia Hardy Well No. 4 Pool Name, Including Formation Penrose Skelly Kind of Lease State, Federal or Fee Fee Lease No.  
Location  
Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West  
Line of Section 29 Township 21-S Range 37-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Shell Pipe Line Corporation P.O.Box 1509, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
None  
If well produces oil or liquids, give location of tanks. Unit E Sec. 29 Twp. 21-S Rge. 37-E Is gas actually connected? no When  
If this production is commingled with that from any other lease or pool, give commingling order number: PC-10

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
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  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Length of Test Bbls. Condensate/MCF 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.  
Authorized Agent (Signature)  
7-31-74 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED Orig. Signed by  
BY Joe D. Emery  
TITLE Dist. 1. Supv.  
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 transportation of other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple.