12164

SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1
FILE	KEQUE31	FOR ALLOWABLE AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS
LAND OFFICE	A THORIZATION TO THE		
TRANSPORTER OIL GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Mobil Oil Ca	rporacion		
Para 122	Midland, Texas	79701	
Reason(s) for tiling (Check proper bo	x)	Other (Please explain)	
New Well	Change in Transporter of:	_ Downhole	work to transfer
Recompletion	Oil Dry Ga	s Wellbore to G	cutral Oriahard Unit.
Change in Ownership	Casinghead Gas Conder	sate Well produced	while work in progre
If change of ownership give name		387 barre	while work in progres
and address of previous owner			
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No
J. N. Carson	1 Paddock	State, Fede	ral or Fee
Location			
Unit Letter H:_6	Feet From The Fast Lin	e and Feet From	The North
	- -		
Line of Section 33 To	ownship 2/5 Range	37E , NMPM,	County
		_	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Address (Give address to which appr	roved copy of this form is to be sent)
			<u> </u>
Shell Pinelin Name of Authorized Transforter of C	asinghead Gas or Dry Gas	Address (Give address to which appr	TEXAS 79101 roved copy of this form is to be sent)
		Box 730 Hobbs	New Mexico 88240
If well produces oil or liquids,	Unit Sec. Twp. P.ge.		/hen
give location of tanks.	H 33 215 37E	1/63	
If this production is commingled w	with that from any other lease or pool,	give commingling order number:	. •
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Res
Designate Type of Complet	, 011	Mew Mett MotEover Deeber	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Sale Compile (1022) to 1 to 2	•	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
, , , , , , , , , , , , , , , , , , , ,			
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	FOR ALLOWARIE /Tananasia	after recovery of total volume of load o	il and must be equal to or exceed top all
TEST DATA AND REQUEST	FUR ALLUWADLE (i est must be a able for this d	epth 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.)
			Lobata Stan
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Water - Bble.	Gas-MCF
Actual Prod. During Test	Oil-Bbis.	#diet - Dote -	
		1	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. 1981-MCF/D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
* sering Meruor (huns) ages has			
OCRETEROATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
CERTIFICATE OF COMPLIA	NCE		
T banks, cassifu stas sha milas as	d regulations of the Oil Conservation	APPROVED	, 19
			2100
above is true and complete to t	he best of my knowledge and belief.	CTA	
		TITLE	The state of the s
		11	

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 silow-able 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

RECEIVED

700 38 1978

VIL CONSERVATION COMM. HURBS A. M.