

SANITARY	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

Operator <i>Mobil Oil Corporation</i>	
Address <i>Box 633, Midland, Texas 79701</i>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>E. P. Carson</i>	Well No. <i>10</i>	Pool Name, including Formation <i>Paddock</i>	Kind of Lease State, Federal or Fee <i>Fee</i>	Lease No.
Location				
Unit Letter <i>F</i>	<i>2051</i> Feet From The <i>North</i> Line and <i>1909</i> Feet From The <i>West</i>			
Line of Section <i>33</i>	Township <i>21 S</i>	Range <i>37-E</i>	NMPM, <i>Lea</i>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<i>Scrublock Oil Co.</i>	<i>1216 Vaughan Bldg. Midland Tex 79701</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<i>Skelly Oil Co.</i>	<i>Box 1135, Luning, N.M. 88231</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>F</i>	Sec. <i>33</i>
	Twp. <i>21 S</i>	Rge. <i>37-E</i>
	Is gas actually connected? <i>Yes</i>	When <i>7-17-72</i>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<i>X</i>					<i>X</i>		<i>X</i>
Date Spudded <i>7-6-72</i>	Date Compl. Ready to Prod. <i>7-11-72</i>	Total Depth <i>8216</i>	P.B.T.D. <i>5381</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>3464 GR</i>	Name of Producing Formation <i>Paddock</i>	Top Oil/Gas Pay <i>5150</i>	Tubing Depth <i>5103</i>					
Perforations <i>5150-65, 5198-5208, 5264-76 1 JS PF</i>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <i>6-1/4</i>	CASING & TUBING SIZE <i>5"</i>	DEPTH SET <i>8215</i>	SACKS CEMENT <i>150</i>					

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 <i>7-11-72</i>	Date of Test <i>7-21-72</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Flow</i>	
Length of Test <i>24</i>	Tubing Pressure	Casing Pressure	Choke Size <i>24/64</i>
Actual Prod. During Test	Oil-Bbls. <i>127</i>	Water-Bbls. <i>165</i>	Gas-MCF <i>841</i>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

Christine P. Tucker
(Signature)
Proration Clerk
(Title)
7-24-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED *JUL 27 1972*, 19

BY *John Runyan*
TITLE *Geologist*

This form is to be filed in compliance with RULE 110A.

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 Form C-104 must be filed for each pool in multiply completed wells.