U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Mobil oil corporation

Address

Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate ☐

Recompletion ☐ Casinghead Gas ☐

Change in Ownership ☐

Other (Please explain)

Request Test allowable
500 Bbls condensate
20,000 MCF Gas

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.
Carson Watson Com	13	Tubb Gas	State, Federal or Fee Fee	

Location

Unit Letter G : 1909 Feet From The East Line and 2045 Feet From The North

Line of Section 33 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)

Texas New Mexico Pipe Line Co — P.O. Box 1510, 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)

Skelly Oil Company — Box 730, Hobbs, NM 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	33	21-S	37-E	Yes	11-27-72

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 Res'v.	Diff. Res'v.

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

(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.)	
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/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. McDaniel
(Signature)

Authorized Agent
(Title)

11-27-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 29 1972, 19

BY Orig. Signed by Joe D. Ramey

TITLE Dist. I Supv.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly completed or recompleted 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 operator, 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.