

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Effective 1-1-67

Operator
Mobil Oil Corporation
Address
Box 633, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Test Allowable
15,000 MCF Gas
100 Bbl. Condensate
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>E.O. Carson</u>	Well No. <u>14</u>	Prod. Name, including Formation <u>Blindburg Gas</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. _____
Location Unit Letter <u>C</u> ; <u>731</u> Feet From The <u>North</u> Line and <u>1909</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>21 S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☒ <u>Texas New Mexico Pipe Line Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Tex 79701</u>
Name of Authorized Transporter of Casinghead Gas or Dry Gas ☒ <u>Northern Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3316, attn: D.L. Butlerbaugh, Midland, Tex 79701</u>
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>28</u> Twp. <u>21 S</u> Rge. <u>37 E</u>	Is gas actually connected? <u>Yes</u> When <u>12-26-72</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevation (D.F., R.A.B., R.T., G.R., 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			

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of land 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 O. Tucker
(Signature)
Production Clerk
(Title)
12-27-72
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 29 1972, 19____
BY Nathan E. Wigg
TITLE OIL & GAS INSPECTOR

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 change of name, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

SEP 28 1972

OIL CONSERVATION COMM.
HOUSTON, TEX.