

FACTORY	
FILE	
U.S.G.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-
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 of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Effective 8-17-72
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>15</u>	Pool Name, including Formation <u>Paddock</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>250+</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>Shell Pipe Line Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1910, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>SKelly Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1135, Eunice, N.M. 77231</u>
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>33</u> Twp. <u>21-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u> When <u>6-28-65</u>

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, RAB, 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/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.

Anthony J. Ramey
(Signature)
Anthony J. Ramey
(Title)
8-16-72
(Date)

OIL CONSERVATION COMMISSION

AUG 18 1972

APPROVED _____, 19

BY _____

TITLE _____

Orig. Signed by
Joe D. Ramey/
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 transporter or other such change of conditions.

Separate Forms C-104 must be filed for each pool in naturally completed wells.

RECEIVED
AUG 17 1972
OIL CONSERVATION COMM.
HOBBS, N. M.

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OIL CONSERVATION COMM.
HOBBS, N. M.