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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Mobil Oil Corporation	
Address P. O. Box 633, Midland, Texas 79701.	
Reason(s) for filing (Check proper box)	Other (Please explain)
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 H. Corrigan	Well No. 4	Pool Name, including Formation Wantz-Abo.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter J	2051	Feet From The East Line and 1009	Feet From The South	
Line of Section 33	Township 21-E	Range 37-E	NMPM, Lea	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)					
Mobil Oil Pipeline Company	P. O. Box 900, Dallas, Texas					
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)					
Skelly Oil Company	Box 730, Hobbs, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 33	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When 3-23-1970

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.
	X					X		X
Date 3-23-70	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Recompletion started	3-23-70	7659		7425				
Elevations (DF, RKB, RT, GR, etc.) 3440.6 GR.	Name of Producing Formation Wantz-Abo.	Top Oil/Gas Pay 6726		Tubing Depth 6726				
Perforations 6726, 28, 37, 39, 48, 50, 59, 62, 70, 74, 84, 90, 6308, 17, 27, 39, 43, 48, 54, 65, 69, 82, 94, 6900, 07, 38, 44, 52, 68, 76, 84, 92, 7000, 08, 18, 24, 30, 65, 7238, 44, 48, 65, 7267 W/1-JSPF total of		TUBING, CASING, AND CEMENTING RECORD		43 holes.				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4	13-3/8"	48#	320		250			
12-1/4	9-5/8"	36#	3910		1000			
8-3/4	5-1/2"	17#	7659		1034			

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)

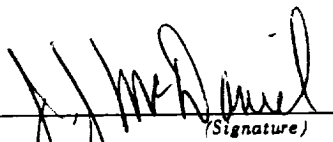
Date First New Oil Run To Tanks 3-23-70	Date of Test 4-2-70	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 275#	Casing Pressure	Choke Size 24/64"
Actual Prod. During Test 1	Oil - Bbls. 1	Water - Bbls. 5	Gas - MCF 495.1

GAS WELL

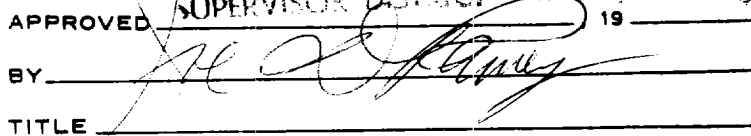
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Authorized Agent
(Title)

April 6, 1970
(Date)

OIL CONSERVATION COMMISSION
SUPERVISOR DISTRICT **1** **1970**
APPROVED _____
BY 
TITLE _____

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 condition.

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