40. OF COPIES REC	EIVED	
DISTRIBUTIO	ON	1
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
I RANSPORTER	OIL	
INANGPONIER	GAS	
OPERATOR		
PROBATION OFFICE		

October 31, 1979 (Date)

	DISTRIBUTION SANTA FE FILE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65			
	U.S.G.S.  LAND OFFICE  TRANSPORTER OIL  GAS  OPERATOR	AUTHORIZATION TO TR.	ANSPORT OIL AND NATURAL GA	<b>S</b>			
I.	PRORATION OFFICE Operator						
	Mobil Producing Texa	obil Producing Texas & New Mexico Inc.					
	9 Greenway Plaza, St	ite 2700, Houston, TX 7					
	Reason(s) for filing (Check proper be New Well	Change in Transporter of:	Other (Please explain) To change Operate	or none from W.1.11 0.11			
	Recompletion	Oil Dry G	<sup>αs</sup> ☐ Corporation.	or name from Mobil Oil			
	Change in Ownership	Casinghead Gas Conde	ensate (Effective I	Date: 1-1-1980)			
	If change of ownership give name and address of previous owner						
IJ.	DESCRIPTION OF WELL AND						
	H. Corrigan	Well No. Pool Name, Including F  5 Paddock	ormation Kind of Lease State, Federal or	Lease No.			
	Location J 19	80 South	2105				
	Unit Letter;	Feet From The	ne and Feet From The	Last			
	Line of Section 3.3 To	ownship 21-S Range	37-Е , ммрм,	Lea County			
m.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS .				
	Name of Authorized Transporter of O Shell Pipe Line Co	or Condensate	Address (Give address to which approved Box 1008 Hobbs, NM	<u>.</u>			
	Name of Authorized Transporter of C	asinghead Gas 🕮 or Dry Gas	Address (Give address to which approved				
	Getty Oil Co  If well produces oil or liquids,	Unit Sec. Twp. Eqe.	Box 1137 Eunice, New Is gas actually connected? When	Mexico 88231			
	give location of tanks.	J 33 21-S 37-E	Yes	6-9-72			
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	,			
	Designate Type of Completi	on - (X)	New Well Workover Deepen P	lug Back   Same Resty.   Diff. Resty.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth F	P.B.T.D.			
	Elevations (DF, RKB, RT GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	ubing Depth			
	Perforations			Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT			
V.	EST 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.)  II. WELL						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow; pump, gas lift, e	tc.)			
	Length of Test	Tubing Pressure	Casing Pressure C	hoke Size			
	Actual Prod. During Test	Oil-Bbis.	Water-Bble. G	as - MCF			
	GAS WELL						
	Actual Prod. Test-MCF/I)	Length of Test	Bbls. Condensate/MMCF G	ravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) C	hoke Size			
/I.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATI	on commission 1979			
(	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED Orig. Signed by				
(			By Jerry Sextor Dist 1, Supp				
	0		TITLE				
	Hone 1	Mericals	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened				
-	(Sign	ature)	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.				
-	Authorized (Ti						

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. 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