04	DISTRIBUTION SANTA FE FILE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-10t and C-11 Elfective 1+1-65
	U.S.G.S. LAND OFFICE IRANSPORTER GAS	AUTHGRIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
1.	OPERATOR PRORATION OFFICE Operator			
	Mobil Oil Corporation			
	P. O. Box 633, Midland, Texas 79701			
	Reason(s) for filing (Check proper box,         New Well         Recompletion         Change in Ownership	) Change in Transporter of: Oli Dry Ga Casinghead Gas Conden	s	sporter of gas
	f change of ownership give name and address of previous owner			
JI.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Hare Kind of Lease Lease No. Central Drinkard Unit WSW 2 San Andres Gas A-4809 State, Federal or Fee Fee Location			
		20 Feet From The <u>south</u> Lin Vnship 21S Range	e and <u>400</u> Feet From 37E , NMPM,	The west County
<b>n.</b>     	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Cil or Condensate         Address (Give address to which approved copy of this form is to be sent)         WATER SUPPLY WELL - PRODUCED NO OIL			
	Warren Petroleum Corpo	pration	P. O. Box 1589, Tuls	a, Oklahoma
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Will Yes	12-18-72
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	۰ - <u> </u>
	Designate Type of Completic	on - (X)	New Well Workover Deeper.	Plug Back Same Res'v. Diff. Res'v.
ł	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	11-5-72 Elevations (DF, RKB, RT, GR, etc.)	12-18-72 Name of Producing Formation	5000 Top Oil/Gas Pay	Left Tubing Depth
	34631 GL Perforations	San Andres		2562¶ Depth Casing Snoe
	4374 - 4888* 4999* TUBING, CASING, AND CEMENTING RECORD			
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17-1/2"	13-3/8"	1241	920 sx (circulated)
-	12-1/4"	9-5/8" 4-1/2" tubing	4999 <b>*</b> 2507 <b>*</b>	700 sx (TOC at 2148)
	TEST DATA AND REQUEST F		fter recovery of total volume of load of	l and must be equal to or exceed top allow
	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 allow able for this depth or be for full 24 hours)         OIL WELL       Date of Test         Date First New Cil Bun To Tanks       Date of Test			
	- · · · ·	Tubing Pressure	Casing Pressure	Choke Size
	Length of Test		Water - Bbls.	
	Actual Prod. During Test	Oli-Bbls.		
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
ŀ	30.0 Teeting Method (pitot, back pr.)	24 Tubing Pressure (Shut-in)	O Casing Pressure (Shut-in)	Choke Size
	pumping			ATION COMMISSION
1	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. Mustime C. Jucking		APPROVED	
-			well, this form must be accomp tests taken on the well in acco	anied by a tabulation of the deviation
•	(Title) January 30, 1973 (Date)		able on new and recompleted w Fill out only Sections I. well name or number, or transpo Separate Forms C-104 mu	vells. II. III, and VI for changes of owner, rten or other such change of condition at be filed for each pool in multiply
	• • • • • • • • • • • • • • • • • • •	· · · · ·	il completed wells	