

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Superseded OIL CONSERVATION  
EFFECTIVE 1-1-65

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

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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Marshall Com	Well No. 9	Pool Name, Including Formation Paddock	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C : 840 Feet From The North Line and 1606 Feet From The West Line of Section 34 Township 21-S 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"/> Shell Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1509, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, N. M. 88231
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 34 21-S 37-E Is gas actually connected? When Yes 8-28-73

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

**EFFECTIVE JANUARY 31, 1977,  
SKELLY OIL COMPANY MERGE  
INTO GETTY OIL COMPANY**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>
Date Spudded 7-14-73	Date Compl. Ready to Prod. 8-27-73	Total Depth 6650	P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.) 3424 GR	Name of Producing Formation Paddock	Top Oil/Gas Pay 5120	Tubing Depth 5036		
Perforations 5120-5268 w/1 JSPF - Total of 18 Holes		Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4	9-5/8	1203	500 SX		
8-3/4	7	6650	2025 SX		

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 8-27-73	Date of Test 9-10-73	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 130	Casing Pressure	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 36	Water - Bbls. 34	Gas - MCF 37.6

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Christine C. Tucker  
(Signature)

Proration Clerk

(Title)

9-11-73

(Date)

OIL CONSERVATION COMMISSION

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 all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and V for change of completion, well name or number, or transporter, or other actual change of data.  
Superseded Form O-104 must be filed for each pool in which