

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
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)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Well has been temporarily abandoned
Test to get new allowable

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brunson Argo	Well No. 12	Pool Name, Including Formation Paddock	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H ; 589 Feet From The East Line and 1909 Feet From The North Line of Section 9 Township 22-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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas	
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 730, Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 10
	Twp. 22-S	Rge. 37-E
	Is gas actually connected? Yes When 3-22-70	

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.
Date workover 6-22-1964	Date Compl. Ready to Prod. 7-14-1964	Total Depth 7471	P.B.T.D. 6389					
Elevations (DF, RKB, RT, GR, etc.) 3432 Gr.	Name of Producing Formation Paddock	Top Oil/Gas Pay 5073	Tubing Depth _____					
Perforations 5073, 76, 80, 83, 88, 93, 97, 5100, 5108, 11, 14, 21, 24, 26, 28, 31, 52, 57, 61, 65, 69, 71, 75, 78, 81, 5202, 06, 13, 17, 20 & 5224		Depth Casing Shoe _____						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8" OD		294		250			
12"	8-5/8" OD		5826		900			
8-3/8"	5-1/2" OD		7395		600			

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)

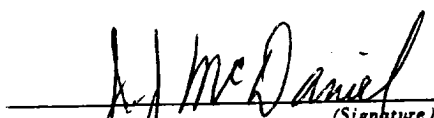
Date First New Oil Run To Tanks 3-23-1970	Date of Test 3-23-1970	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure _____	Casing Pressure _____	Choke Size 2" T
Actual Prod. During Test 5	Oil-Bbls. 5	Water-Bbls. 19	Gas-MCF 23.6

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

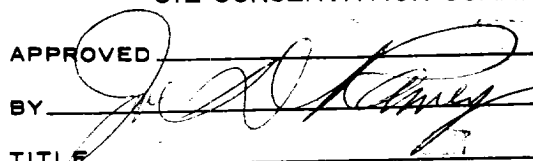
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Authorized Agent
(Title)

March 30, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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.

RECEIVED

APR 1 1970

OIL COMPANY OF AM.
HOOVER, W. VA.