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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-1
Effective 1-1-65

I.

Operator Mobil Oil Corporation	
Address Box 633, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
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 Brunson-Argo	Well No. 13	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter A	731	Feet From The North	Line and 739	Feet From The East
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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe Line Co.	Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas Co.	Box 3316, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 9	Twp. 22-S	Rge. 37-E	Is gas actually connected? yes	When 9-20-74

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX						XX
Date Spudded 8-1-74	Date Compl. Ready to Prod. 9-10-74	Total Depth 6580	P.B.T.D. 6490					
Elevations (DF, RKB, RT, GR, etc.) 3427 GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay	Tubing Depth 6301					
Perforations 6322-28; 6336-44; 6350-55; 6369-75; 6379-82; 6398-6402; 6410-16; 6423-25; 6454-60; 6466-68; TUBING, CASING, AND CEMENTING RECORD			Depth Casing Shoe					
& 6488 HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4	13-3/8	306	300					
11	8-5/8	3817	1000					
7-3/4	5-1/2	6580	450					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 980	Length of Test 24	Bbls. Condensate/MMCF 1.23	Gravity of Condensate 39.6
Testing Method (pitot, back pr.) Prnd.	Tubing Pressure (Shut-in) 200#	Casing Pressure (Shut-in) 1	Choke Size 3/4

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 O. Tucker
(Signature)

Authorized Agent
(Title)

9-26-74
(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 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 multiple.